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EDITORIAL COMMENT



THE LOCAL ADVANTAGE OF THE NATIONAL CONVENTION

THE secretary of the Associated Alumnae was recently asked to prepare for the transportation committee a statement showing the attendance at the conventions of the last four years from various parts of the country. This table when completed was interesting and enlightening. When the convention was held at Philadelphia, in 1904, the largest attendance was from the middle states,—New York, Pennsylvania, Maryland, etc. Next in numbers came delegates and visitors from New England, then from the middle west (Illinois, Indiana and Michigan). There were very few from the far west, only two (who registered) from the south, and none (registered) from Canada. In 1905 the association met at Washington, D. C., and the distribution of delegates and visitors was about the same, but the numbers were slightly increased, and those from the middle west equalled the number from New England. There were a few more from the far west, five from the south, and none from Canada. In 1906, at Detroit, there was a great change in the sections of the country most fully represented. An overwhelming majority came from the middle west, the middle states came next, the attendance from the far west was nearly four times as great as before, there were five from the south, and thirteen from Canada,—showing that Canada benefited by having the convention held so near its borders. At the convention in Richmond this year, the representatives from the south and from the middle states were

equal. The far west came next, but had not so many as at Detroit, while the middle west and New England were about equal, New England sending more than for the three previous years, while Canada dropped to one representative. The total registered attendance was greatest at Detroit, but one can see how much a community may benefit by having the convention in its midst by noting how the southern registrations leaped from three and five in other localities to one hundred and forty-four in its own.

It is hoped that a great effort will be made by each association to send a delegate to California next year. Some societies are taking time by the forelock and are already giving entertainments to raise the needed funds for the long journey. The California associations have always been most generous in sending delegates east, and western nurses generally are more willing to go east than eastern ones are to go west.

A man who had spent some years in Siam, in relating stories of the Siamese, stated that their minds seemed to be of another order than ours, their methods of reasoning were so different. As an illustration, he said that if a Siamese knew the distance from A. to B., no human being could convince him that the distance from B. to A. could be known without measuring. This curious mental process does not seem to us to be so distinctly Siamese, after all; almost all dwellers in the east are stubborn in the belief that the distance from California to New York and the expense of the journey are far less than the distance and expense from New York to California.

In many cases if an association which feels unable to pay all the expenses of a delegate to California would announce early in the season that it would pay part of the cost, setting aside a given sum, and should ask for a volunteer who would represent the association, paying part of her own expenses, such a one could be found,—though it might prove impossible to pick her up hurriedly at the eleventh hour. She should have time to make arrangements ahead as to her work and personal affairs.

THE OPSONIC INDEX.

WE are presenting this month as our leading article a paper on one of the very advanced scientific medical subjects. As this has seemed an abstruse subject for nurses we have waited to secure a paper in which the matter should be presented in simple and untechnical language, comprehensible by the most humble of our readers.

It is being generally conceded that women physicians are doing

especially fine work in laboratory research which requires great exactness in detail, and judging from this paper which has been prepared by two women and from those contributed by Dr. Potter, we are inclined to think that in the interpretation of intricate medical subjects for the instruction of nurses, teachers, and women generally, women physicians have before them a special educational mission.

There has been always in medicine a general air of secrecy and mystery, a hiding of facts from the layman. Now, inspired possibly by ex-President Cleveland, and under the leadership of Dr. Richard Cabot and other eminent men, the public is beginning to be treated as possessing intelligence and the nurse and teacher become important instructors in the work of prophylaxis.

Apropos of Dr. Potter's articles, word has recently come to us that her articles published in the *JOURNAL* have been directly the cause of the introduction of individual communion cups in two churches.

SUBJECTS FOR ALUMNÆ PROGRAMS

We would again call the attention of alumnae workers to the president's address at the Richmond meeting, found on page 815 of the August number of the *JOURNAL*. From this may be obtained suggestions for any number of alumnae programs.

From reports that are coming to us we believe that this is going to be a red letter year for the course in hospital economics at Teachers' College. Miss Nutting is now established in her new position with Miss Hedges as her special assistant in the Economics work. The committee appointed at the Richmond meeting with Miss Deans as chairman is about to issue a circular giving information to the local societies, and we shall hear directly from Miss Nutting herself from time to time of the progress which is being made and the special needs of the course.

We hope that the six thousand dollars pledged may materialize in twice that amount at least.

A good field for home missionary work for the alumnae associations is almshouse nursing. If, through a committee, each society would investigate the conditions of that institution in its own locality, without waiting for a special appeal from the national committee of which Miss Dock is chairman, there would then be no delay in securing coöperation and the local association would become familiar with conditions, which is the first important step in this movement.

We have received several communications from officers of alumnae

associations asking what, if any, action is being taken as the result of the discussion at the Richmond meeting in regard to the matter of asking for representation by the alumnae on training-school boards.

There seems to be some misunderstanding in regard to this matter which we are glad to take this opportunity of explaining to any who may not be sure what was intended by the suggestion. It is customary in all educational institutions for the board of trustees or managers to be composed wholly or in large part of the graduates of the institution. Training schools for nurses begin to be classed as educational institutions, they are so classified by the National Bureau of Education. In New York state, under the nursing statute of 1903, training schools for nurses are directly under the supervision of the board of education, and with the development of state registration this recognition is bound to develop.

In recognition of such development it seems only right that there should be representation from the alumnae associations on the boards of nursing schools. The discussion at the Richmond meeting was suggestive with the intention that each alumnae association should courteously request such representation on the board of its own school. There was no formula agreed upon, although it was suggested that the first fall meeting was a good time for unanimous action,—the matter being left to be decided by each society as to what might seem the best way of presenting the matter.

We think this is a subject to be considered by all the affiliated societies. In many instances it has been thoughtlessness on the part of the hospital managers of the growing importance of nursing schools as a whole.

Even if the request is not granted in the beginning, the seed will have been planted and results will surely follow later on.

REORGANIZATION OF ALUMNAE ASSOCIATIONS

FROM reports which come to us we believe that many of the older alumnae associations which have been leaders in the past are suffering from a lethargy which it seems impossible to shake off, the older workers are dropping out, and the younger ones have not taken up the work in the past and so are not in touch with it and it seems impossible to get them to take hold.

A scheme of reorganization has occurred to us which might be tried in some of the large societies,—that is to put all the business affairs of the association into the hands of a board of directors. Let this board be large, composed of one representative from each class that

has graduated, and of the officers. This would bring every class directly in touch with the work of the association and might result in a good many small class organizations which would be pleasant socially. When any class failed to elect a representative, either by its members coming together or conferring by letter, a representative woman from that class could be chosen for a director by the officers. These directors should serve for at least two years, one-half retiring each year, so that one-half the members of the board of directors would always be old ones familiar with the work, and one-half new ones becoming initiated.

The advantages of such an arrangement seem to us to be many. It brings a large number of nurses of all ages into active work. It is a more prompt and efficient way of doing business and the opportunities for opposition and disagreement would be lessened. It would relieve the general alumnae meeting of the business details, which are so uninteresting to many nurses that they stay away. The meetings, being freed from all business, could be devoted to educational and social work; they could be held less often, if that seemed best, and could be made really worth while when they did occur. A directors' report would be given to the association annually and there might be a proviso that no new disposition of the funds of the society should be made without appealing to the whole membership for endorsement.

Almost all large organizations, social, or educational, are managed by boards of directors; there seems no reason why nurses' societies would not do well to adopt such a plan. It would be interesting to see whether such a change would not arouse some of the sleeping forces.

RESULTS OF AFFILIATION

It was announced recently in our pages that the Illinois Training School and the Presbyterian School for Nurses in Chicago had affiliated with the Elgin hospital for the insane, giving their senior nurses the benefit of some experience in this branch of nursing. The results, as will be seen on another page, are that two of this year's graduates of the Presbyterian School have been placed in charge of the nursing in two of the largest state hospitals for the insane in Illinois, Elgin and Kankakee. Each of these nurses had taken this affiliation training and so they are better prepared to fill such positions acceptably than the graduates of general hospitals in the east referred to in recent articles by Dr. Russell and Miss May as having been so disappointing that the officials of such hospitals have ceased to try to put into these positions any but their own graduates.

This exchange of service by which the general nurse broadens her knowledge of mental nursing and the nurse of the insane hospital gets more general work in medical cases is going to be of great benefit to the nurses themselves, to their patients, and to the training schools of both institutions.

WORK AMONG THE NAVAJO INDIANS

Too late for insertion in the missionary department comes a letter from Miss Eyre of Denver, written from the Hospital of the Good Shepherd, Fort Defiance, Arizona, a mission hospital for the Navajo Indians, where she went to substitute for three months and has remained eight, the work has proved so interesting. Her duties in Denver call her back and she appeals to the JOURNAL readers for a volunteer to take her place,—an Episcopalian, as the work is supported by that Church.

There are from eight to ten patients, on an average, under her care. The nurse would receive five hundred dollars a year and her board. The hospital is thirty miles from Gallup, N. M., the nearest railroad station, and one mile from Fort Defiance. The regular agency physician attends the patients. Miss Eyre says of the work: "It is a fine post-graduate experience for a nurse as she has to be interne, druggist, surgical assistant, and oftentimes prescribing physician when the doctor goes off on long trips over the reservation. We need funds very much as well as a nurse." She describes training a young Indian girl, who speaks English, as an assistant, whom she finds more apt than many a white probationer.

A TWICE TOLD TALE

WE have again to call the attention of the officers of societies to the fact that the pages of the JOURNAL close absolutely on the 18th day of the month preceding the date of issue, and that announcements and programs of meetings to be held or reports of meetings that have been held must be in the hands of the editor-in-chief at Rochester before that date.

Where societies are depending upon the JOURNAL for the announcement of the date of meetings to be held within the first five days of the month, such announcements should be made in the JOURNAL of the preceding month, for while it is our rule that the JOURNAL shall be mailed on the first day of the month to all subscribers, an intervening

holiday, Sunday coming at the month end, with the regular half holiday in the printing office, and various accidents which may occur either in the publishing or printing office, make it impossible for us to guarantee that the JOURNAL will always be in the hands of all subscribers, especially those at a distance, in time for meetings which are to take place during the early days of a month. We would suggest that announcements should be made briefly two months in advance and given in fuller detail one month in advance as nurses are frequently away from their headquarters and may not see their magazines with monthly regularity.

When there is not time for a full official report between the date of the holding of a meeting and the close of the JOURNAL pages on the 18th of the month, we would suggest that a brief notice giving the general trend of the meeting should be sent at once to the editor to be followed by a full report the following month.

An incident has recently come to our notice of a very important meeting which failed of its purpose because no announcement was made through the JOURNAL and the attendance was not sufficient to in any way repay for the hard work done in preparation for it. Not only were the conveners of the meeting grievously disappointed, but many who would have attended it missed the opportunity.

Another point which is not fully understood by organizations of nurses is that the JOURNAL makes no charge for such announcements or reports, although it must sometimes claim the privilege of condensing reports which are too lengthy.

Any account of work of nurses which is suggestive or of general interest the JOURNAL gladly publishes, and it is not necessary that an association shall be affiliated with the national society or that there shall be any formal connection with the JOURNAL to be granted this privilege.

A VISIT TO MISS NIGHTINGALE

DURING her stay in England Miss Nutting was privileged to spend a quiet half hour with Miss Nightingale, who listened with the deepest interest to all she could tell her of nursing affairs in America. She says: "Notwithstanding her great age, eighty-seven years, Miss Nightingale seemed to me wonderfully sympathetic and as if an unquenchable spirit still shone in her eyes and filled her voice. I have never been more profoundly affected."

The visit was of so personal a nature that Miss Nutting refrains from giving it further publicity, but the fact that one of our colleagues

has so recently been in Miss Nightingale's presence comes to us like an inspiration.

MISS McISAAC'S NEW BOOK

THE first of Miss McIsaac's series of text-books, entitled *Primary Nursing Technique*, has come to hand from the press of the MacMillan Company, New York, and in every way meets our expectations. As our reviewing editor has stated, it is quite unlike any of the text books of nursing that we have had previously as it deals exclusively with that simple nursing technique which is the foundation of all that a nurse may learn later and which is specially intended for teaching by demonstration in preparatory classes. It is first and last practical, easy to teach from, and the comfort of the patient is the keynote of the book. Not only is the inside most enticing but it is bound in a most serviceable and artistic shade of olive brown, suitable for daily use, but harmonious with such surroundings as we know it will frequently find. There runs through the book that magnetic touch that only Miss McIsaac's pen can give.

It is in our opinion a most valuable acquisition to the library of books written by nurses for nurses. Miss McIsaac has already commenced work on a second volume dealing with subjects that follow in natural sequence.

THE NEW YORK STATE MEETING

THE New York state meeting was held at Syracuse, October 15 and 16, with a good attendance. A request had been sent out by the Education Department to superintendents of training schools and also to the boards of managers connected with their schools asking that they attend this meeting for a conference with the training-school inspector, Miss Alline. This resulted in a large attendance of these women who gathered in special session at a time not given to the general meeting, and it is hoped to make the state meeting a yearly opportunity for such conference.

The program was carried out as planned with interesting papers and discussions. It was decided to give two hundred and fifty dollars to the Associated Alumnae for the JOURNAL purchase fund, and a like amount to the hospital economics endowment fund with two hundred dollars for this year's current expenses.

Mrs. Harvey Burrill and Miss Lightbourne of Syracuse were elected

president and treasurer for the coming year, and Miss Frida Hartman of Brooklyn was reelected secretary.

DR. BARROWS' PAPER

The paper which touched upon the subject of broadest interest was that by Dr. Barrows of Buffalo on "A Physician's Advice on Caring for People of Moderate Means." It was written in a most cordial kindly spirit, he had spent much pains in getting written opinions on the topic from many other physicians, and the result was a consensus of medical advice which was both interesting and valuable. The remedies advocated by these consulting physicians were an extension of the systems of visiting and hourly nursing and the introduction of trained assistants, in the hospital and out.

The discussion, led by Miss Damer, and entered into by many others, brought out the fact that trained attendants do not stay in the class chosen for them but, as soon as a little experience has established confidence, assume the dress, title, and pecuniary value of the trained nurse, for this reason the nurses present felt that they could not endorse this plan. One superintendent stated that it would undermine the whole system of training nurses for the probationers who started work side by side with these attendants would rebel at spending so much longer time in training when these women after six months were ready for work.

Some of the men whom Dr. Barrows quoted accused nurses of the spirit of the trades-unions in sitting at home idle, waiting for a call, yet refusing to go where there is need for their services at reduced rates. Miss Damer replied to this by saying that the characteristic of a trades-union is the fixing of prices. A plumber or carpenter is forbidden by his union to work for less than the established rate. She had never heard of a nurses' association which established a rate for its members. The reports of two associations given elsewhere in this magazine, record just such action, which seems to us beneath the dignity of these societies, but we believe we are right in thinking that these nurses have merely changed the average rate to be charged in those localities and that no one of the members is less free than before to lower her charges where there is need or to give her services when she can afford to do so. This is analogous to the action taken by some medical societies for the fixing of fees. We have at hand the table of twenty-eight items recommended for adoption by the Ontario County Medical Society, October 30, 1906, in which no provision for reduction of rates or giving of services is provided for, though undoubtedly the worthy practitioner

will continue as before to devote himself unselfishly to the relief of those in need of his services without stopping to consult his schedule of fees.

To return to Miss Damer's remarks, she said: "Where can you find more of a trades-union spirit than in the New York Medical Society. Nurses do not go into court to fight those who have not graduated from a training school." She added that the whole burden of caring for these people at reduced rates falls on the shoulders of the private duty nurse who is criticised on the one hand for not saving money for the future and on the other hand for not giving her services more often. She suggested that hospitals should do their share by spending part of the funds at their disposal in less costly equipment, furnishing, instead, rooms which could be set apart for patients of moderate means at rates they could afford to pay without thrusting them into the ranks of charity patients.

Dr. Barrows warned nurses to beware of the disloyal physician and the disloyal registrar who are willing to recommend untrained women without stating them to be such. In this connection let us say that in discussions on this subject with various nurses, we have over and over been told that one of the reasons why they can not reduce their rates is that the disloyal doctor will take advantage of their reduced charge to add to his own fee. In many cases where a nurse has had such an experience, she is forced to make the lowering of her fee a secret between herself and her patient and obtains no credit for her charity.

Dr. Barrows expressed surprise that no one suggested state registration as a protection from the impostor. Several nurses in charge of directories emphasized the fact that nurses in general are not getting the benefit they might from state registration through mere neglect to use the letters they have fought so hard to win. If all lists of nurses, in nurses' directories, and in city or telephone directories, showed by the use of these letters which were registered nurses and which were not, we should be getting daily more practical benefit from our state laws. It is not to be desired that a nurse should write R. N. after her name on all occasions, but this should be added to her signature on a professional card, if she uses one, also in all official correspondence on nursing affairs. We are sometimes asked how we can make the public realize that there are registered nurses. If every nurse who is registered, and there are now thousands, used her title at proper times and places the public would soon know what the letters stand for. It is a curious fact that many of our best workers along legislative lines, those who

have made great sacrifices for their profession, are neglecting this duty through carelessness or inertia.

Registration like any other great movement must work slowly. The immediate correction of all existing abuses has never been promised by workers in this field.

MISS FULMER JOINS THE JOURNAL STAFF

WITH the January number we are to open a department of Visiting Nursing, under the editorship of Miss Harriet Fulmer, of Chicago. The *Visiting Nurse Quarterly* will be continued as a local magazine with one of Miss Fulmer's assistants in charge.



IN an article in *Charities* on Tuberculosis and the Schools, Dr. John H. Lowman of Cleveland says:

In order to control tuberculosis during the school age it is necessary:

1. To discover through the records of the municipality and public institutions the children who are infected and those who live in infected houses.
2. To examine and classify the individuals thus found and place the contagious cases in sanatoria and the others in separate schools.
3. To develop the hygienic surroundings of these separate schools to the highest pitch of excellence.
4. To specialize these children even during the vacations by referring them to the special consideration of outing societies.
5. To provide physicians who will at stated intervals examine the children and report to the supervisors the conditions found.
6. To use the utmost precautions for the protection of the teachers.
7. To introduce systematic courses on hygiene and tuberculosis into the curriculum of the schools.
8. To provide sanatoria for children.

The difficulties to be overcome are:

1. The examination of thousands of children in order to detect and classify those affected with tuberculosis.
2. Provision for the contagious cases in sanatoria for children.
3. Teachers for the classes of children with latent non-contagious tuberculosis.
4. Vigilant medical supervision of the tuberculosis classes.

OPSONIC INDEX AND VACCINE THERAPY

By RUTH VAIL, M.D., AND MARY C. LINCOLN, M.D.

Private Laboratory Dr. L. L. McArthur and Dr. J. C. Hollister,
St. Luke's Hospital, Chicago.

It is the appearance of a newly coined word which often sheds a halo of mystery about a comparatively simple subject. Such a mystery seems to radiate from the term "opsonin," and it is our desire that all nurses shall understand both the meaning and the value of opsonic therapy, which is arousing such interest in the present day professional world.

The term "opsonic" is a Greek word meaning "I prepare food for," and opsonins are substances whose presence has been demonstrated in the blood of both man and the lower animals, the function of such substances being to prepare bacteria as food for the white blood corpuscles.

The terms toxins and antitoxins are no longer vague to you because you know how they work; they belong to your everyday vocabulary, and such shall be the case with opsonins as soon as you understand their function.

Bearing in mind the mechanism of immunity, which consists in raising the resistance of an individual against a given microorganism, you are master of the fundamental principles of opsonic therapy, which is nothing more nor less than the process of immunizing the individual against invading bacteria. You treat a diphtheria child with antitoxin derived from the blood serum of a horse which has been immunized against the bacillus diphtheriae, or vaccinate a man exposed to smallpox, by introducing into his lymph channels, the lymph obtained from a cow with cowpox. These things you do to create in the blood of the individuals such an excess of antibodies to combat the invading germ and its toxins, that the individual in question shall become immune to the given microorganism.

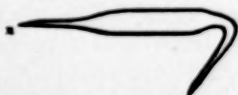
When pathogenic bacteria gain entrance to the body, the outcome depends upon two factors: (1) The infecting agent, and (2) the individual infected.

(1) The infecting agent owes its morbid success to three main things: (a) Its virulence, or power to multiply in the body and cause disease, (b) the number of bacteria which are introduced, for we know

that tissue whose resistance has not been lowered, can withstand a certain number of pathogenic bacteria, (c) the pathway of infection, i.e., whether the organisms enter the blood stream directly, as in septicemia, or are localized, as in an abscess.

(2) The individual infected owes his resistance to four main protective powers of the blood, which combat the invading bacteria and their toxins. These four protective agencies are in character: (1) bactericidal, or having the power to kill bacteria; (2) bacteriolytic, which includes not only the power to kill but to dissolve bacteria; (3) agglu-

FIG. 1.



The completed capsule. Note the fine stabbing-point at the straight end x. From D. J. C. Hollister's paper, *Jour., Surg., Gyn., Obs.*, Vol. III, No. 6, 1906.

tinating, or possessing the power to produce clumping of bacteria; (4) phagocytic, or the power of leucocytes to engulf and digest bacteria.

One or all of these may act on one class of microorganisms, but all four protective powers do not necessarily act the same way on all bacteria. For example, diphtheria antitoxin has given such marvellous results that we no longer dread the sound of the term diphtheria. However, serum has been prepared in exactly the same way to combat many other diseases, with but very little success.

It is to the phagocytic power of the white blood corpuscles that

FIG. 2.



The finished pipette, with rubber test applied and a volume marked off by blue pencil (x). From Dr. J. C. Hollister's paper, *Jour., Surg., Gyn., Obs.*, Vol. III, No. 6, 1906.

Wright and Douglas and their followers have so successfully looked for aid to fight the morbid progress of several different classes of pathogenic organisms discussed further on. They have found it possible to artificially increase the production of opsonins in the blood by subcutaneously injecting into the patient a carefully measured quantity of vaccine (sterile bacteria). The increased phagocytosis which results, is not due to any direct stimulation of the leucocytes. The newly formed opsonins are in the blood serum and act in some unknown way on the bacteria, so changing them that the white blood corpuscles, or scavengers of the body, greedily eat them up. Careful experiments have shown that leucocytes

washed free of serum and brought into contact with an emulsion of bacteria, show no phagocytic action, while if they are brought into contact with the same organisms which have been previously bathed in blood serum and the serum then carefully washed off, the microbes are rapidly engulfed by the leucocytes.

A personal vaccine is prepared when possible, by isolating the organism from the infected individual, but as the preparation of the vaccine requires several days after the organism has been isolated, the first dose is usually given from the "stock bottle." Stock bottles of vaccine made from pure cultures of various kinds of bacteria are kept in an opsonic laboratory, each bottle of course containing only one kind of bacteria, e.g., staphylococcus. Since it requires nearly three months to cultivate the tubercle bacillus on artificial media, it is plainly evident that it is impracticable to treat tuberculous patients with personal vaccines.

The normal opsonic index, as discussed below, is 1.0, that is, there is in the blood of normal individuals practically an equal measure of opsonins. The object of opsonic therapy is to raise and maintain the opsonic index as high as possible above normal, for as long a period as possible, thus constantly preparing multiplying bacteria as palatable food for the leucocytes, until the infected individual has become immunized against the infecting organism.

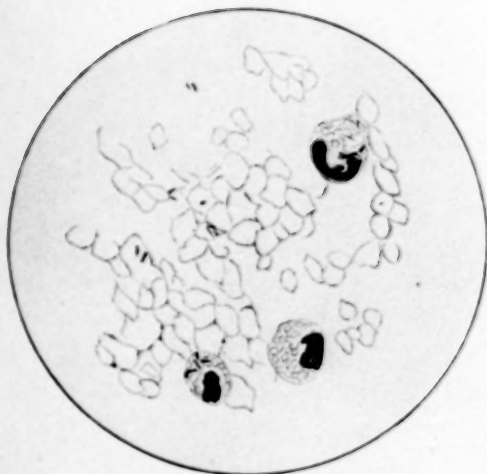
The blood is examined on the first two or three days to see whether or not there be a negative phase and to determine the maximal rise of the opsonic index. The negative phase consists in the index falling lower than it was when the vaccine was given, and has occurred but rarely in our experience. On the sixth or seventh day the index is again determined and as soon as it falls to one or below, another injection is given. Although there are many chances for error in the technique, we sincerely feel that the opsonic index is a valuable guide in regulating the time and size of the dosage, and should be carefully followed until we find a better guide.

TECHNIQUE

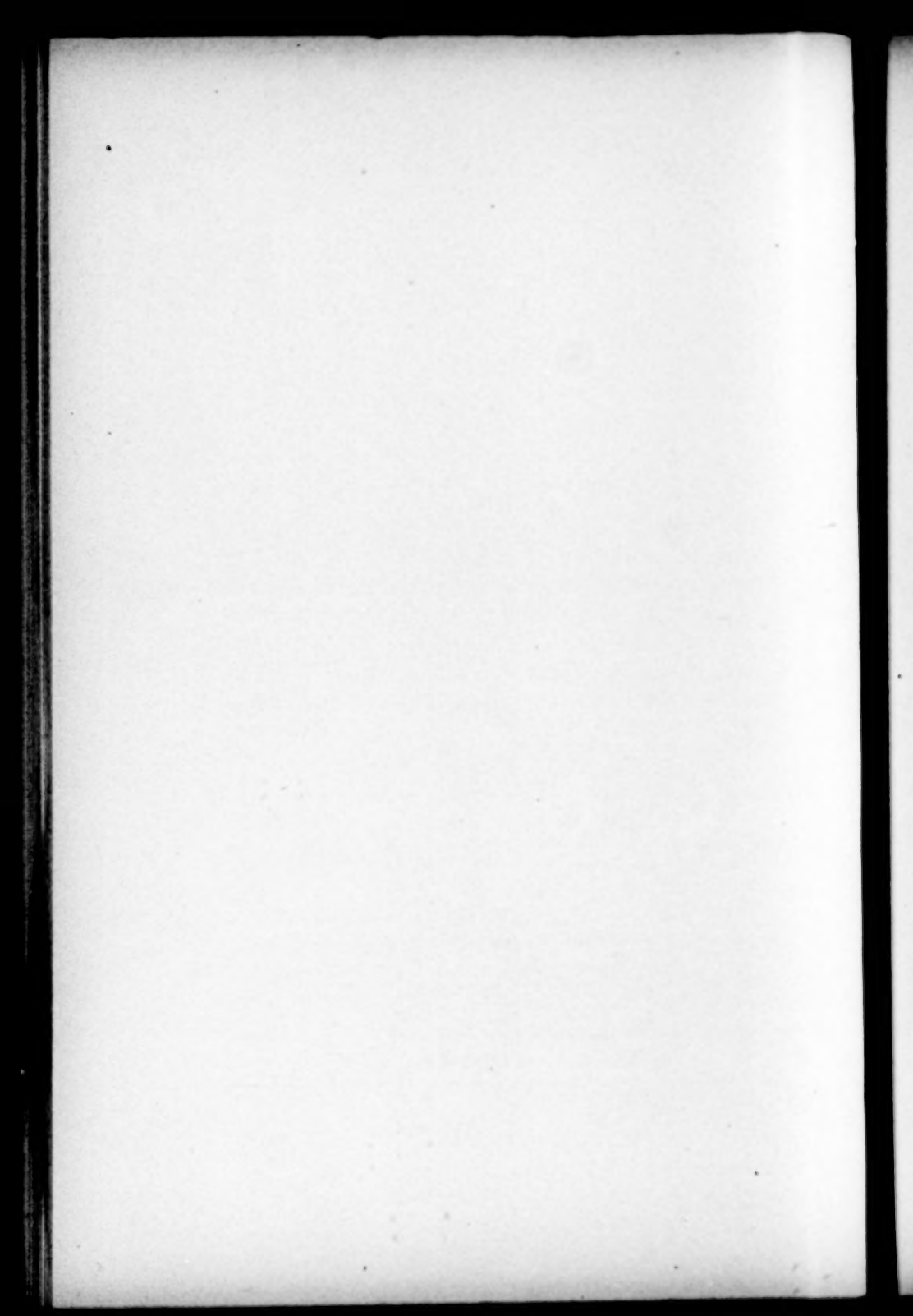
To measure the amount of opsonins in the blood, we must measure the degree of phagocytosis. In other words, we must determine the opsonic index. There are three main elements necessary to determine the opsonic index, i.e., leucocytes, blood serum, and bacteria.

1. Leucocytes: Ten to fifteen drops of blood are dropped into a solution of sodium citrate in physiological salt solution, gently mixed and then centrifuged five minutes. The leucocytes are thus washed free of serum and are to be found in the upper layer of corpuscles after the supernatant salt solution is drawn off.

FIG. 3.



Leucocytes containing tubercle bacilli under oil immersion. From Dr. J. C. Hollister's paper, *Jour. Surg. Gyn. Obs.*, Vol. III, No. 6, 1906.



2. **Blood serum:** A few drops of blood are drawn into a glass capsule (Fig. 1), the capsule sealed and centrifuged so that the blood corpuscles are thrown to the bottom, leaving the clear serum on top.

3. **Bacteria:** The bacteria which are causing the disease to be treated are grown on agar for twenty-four hours, the growth scraped into physiological salt solution to form an emulsion, mixed thoroughly and diluted so that there will be about one to two germs to be ingested by each leucocyte.

Equal volumes of leucocytes, blood serum, and bacterial emulsion are drawn into a capillary pipette (Fig. 2) and mixed by blowing back and forth on a glass plate. The end of the pipette is sealed and the whole incubated for fifteen minutes. The contents are then mixed as before, spread on slides and stained (Fig. 3). The number of bacteria ingested by fifty leucocytes is divided by the number obtained when the blood serum of a normal person is used in place of the blood serum from the patient and the quotient is the opsonic index of the patient.

BACTERIAL VACCINES

Bacterial vaccines are emulsions of a known number or weight of dead bacteria in physiological salt solution.

The bacteria are grown in large quantities on agar and the growth washed off with salt solution into large glass tubes which are then sealed. The clumps of bacteria are broken up by shaking the emulsion vigorously for an hour. The number of bacteria per c.c. is then counted. There are sometimes as many as seven thousand or eight thousand million bacteria per c.c., so that the counting is done by diluting a minute but definite amount of the emulsion with a known amount of salt solution, and comparing the number of bacteria in this diluted portion with the same volume of blood which we know contains five million blood corpuscles per c.c. The original emulsion is diluted with salt solution to a convenient strength for administration. The vaccine after being kept at 60° C. for an hour to kill the bacteria, is stored in brown bottles with rubber surgeon's finger tips fastened over the mouths of the bottles. Every step in the preparation must be taken with great care so as not to contaminate the vaccine. Before administering it, however, some of it is withdrawn from the bottle and planted on agar to see whether it is sterile. If no growth appears the vaccine is pronounced sterile and will keep indefinitely. To give a dose of vaccine the rubber top is dipped in lysol, the bottle held inverted, the rubber top pierced by a sterile hypodermic needle and the required amount of vaccine withdrawn into the hypodermic syringe, and injected subcutaneously. The tubercle vaccine is prepared by weight from Koch's new tuberculin.

Vaccine therapy has not been used in all infections; there are certain classes in which it has proven itself to be especially applicable. There has been perhaps the most rapid and marked results thus far in infections due to the pus forming microorganisms, *e.g.*, staphylococcus, streptococcus, *B. pyocyaneus* and, *B. coli communis*, in such diseases as Forunculosis, Acne, Abscess formation, etc. One needs but to see Acne, a disease so persistently unyielding to the usual local and systemic treatment, or Forunculosis, of years' standing and constantly recurring foruncles in spite of all treatment, yield rapidly and surely to vaccine inoculations, to realize the great value of vaccine therapy.

Tuberculosis presents an extensive field for vaccine treatment and results here have been gratifying in materially shortening the course of the disease, and instituting cure where other forms of treatment failed. This is more especially true of localized Tuberculosis such as bone and joint Tuberculosis, Tubercular Adenitis, Lupus, Tuberculosis of the Genito-urinary tract. Much preliminary investigation remains to be done before any conclusions can be drawn as to the value of vaccine treatment in pulmonary Tuberculosis.

In Gonorrhea, we are not in a position to draw clinical conclusions, although several physicians have reported very striking results in chronic cases. In our laboratory, some thirty-five cases of Gonorrhea have received vaccine inoculations. It was difficult to keep track of these cases, many of them leaving the hospital without warning. All were improved and some cured, but we were able to use the vaccine treatment alone in only three cases, the others receiving the regular routine treatment for Gonorrhea. Two of these cases showed prompt and rapid improvement, the third shows very little improvement as yet.

Certain general principles of treatment can be learned by a study of a large number of cases.

1. A dose of vaccine causes a rise in the opsonic index usually on the second or third day, followed by a gradual drop until it reaches 1.0 or below. There may be many variations from this.
2. Vaccine should be given when the opsonic index remains stationary about or below the normal line. This commonly occurs between the seventh and tenth days, though it may not occur for two weeks or more.
3. The maximum rise of the opsonic index, the time when this occurs, and the length of time the index remains above normal are the guide marks in determining properly sized and spaced doses of vaccine.
4. The average dose of Tubercle Vaccine is 1/1000 mg. of tubercle bacilli, of Staphylococcus Vaccine 500 to 1000 million staphylococci of Gonococcus 5 to 10 million gonococci.

POST-OPERATIVE NURSING—ABDOMINAL SECTION

By CHARLOTTE MANDEVILLE PERRY

Superintendent of Nurses, Faxton Hospital, Utica, N. Y.

THE *bête noire* of the surgeon after operation is the remote effect of the anæsthetic upon the intestines, kidneys, heart and lungs. It is important that the nurse in charge of the case should be efficient—thoroughly acquainted with the nursing detail—intelligent in noting symptoms. The use of nitrous oxide, or of scopolamine previous to the administration of ether does much to prevent these harmful effects, which should be anticipated by starting treatment promptly. Normal salt solution if used freely, is sometimes called for in large amounts, and should be prepared for every laparotomy,—infiltration and infusion sets being in perfect working order and sterile. When absorbed into the system, salt solution restores equilibrium to the circulation, and stimulates the kidneys and the whole system in conditions of shock. It should be kept at a temperature of 112° F. for flushing out the abdominal cavity; for controlling hemorrhage, about 114° F.

The nurse's responsibility begins at the time the patient is entrusted to her by the surgeon. When necessary, warmed blankets may be brought into the operating room to avoid chilling the patient while being transferred to a bed which has been previously heated. The first twenty-four or forty-eight hours is a time of anxiety to the nurse and a test to the patient's resistive power. Before distension begins, stimulating enemata of eight ounces of normal salt solution, at a temperature of 110° F., may be given to increase the amount of urine. Skill in giving enemata is proof of a nurse's capability. The rectal tube should be inserted eight or more inches, and carried beyond the sigmoid flexure—the proper direction and force being exerted. Sometimes this may be successfully accomplished by floating the tube over a current of salt solution which is allowed to escape in the rectum while it is being passed. The same precaution against exposing the patient to cold is to be observed, especially when nephritis is likely to be present. Distension is to be expected and dealt with promptly. To relieve this condition, enemata containing ox-gall, asafoetida or turpentine, combined with glycerine one ounce and saturated solution of magnesium sulphate four ounces are ordered; also, eserine, hypodermatically. This acts as a relaxant upon the intestinal wall. Objections to morphia are partly overcome by combining it with

atropine, which is occasionally used instead of eserine. There are two points to remember in the administration of enemata to relieve distension. One is to begin early before the accumulation of gas in the lower bowel drives back the injected fluid. The other most important thing is to see that the enemata are returned, with or without result—thus avoiding intestinal drowning and further paralysis of the wall. Persistence, as well as watchfulness, is needed in treating distension. The successful passing of the rectal tube often results in the expulsion of flatus, which is the object desired. Calomel and salts may be begun after nausea ceases; the salts often will be retained when given hot, in divided doses. Plenty of distilled water by mouth and concentrated nourishment, as the condition permits, will be so much gained for the patient.

For nephritic patients, the hot air, vapor or steam bath will be in order; also, the hot, wet or dry pack. Worse than none is the imperfect construction or application of one or the other. For the hot air bath, the alcohol lamp is better, as it generates more heat. An elbow pipe covered with asbestos, cradles, three long rubber sheets, and an atmospheric thermometer registering from 150° to 200° F. will be needed. A rubber lining to the hot air chamber is preferable to blankets, which absorb the heat and moisture. These may be used as additional cover to the cradles, thus conserving heat. The patient lies on a long rubber sheet, loosely enveloped in a light woolen blanket. It must be noted that moist heat is more penetrating than dry. To aid in diaphoresis, pilocarpine may be prescribed, as in cases of uremia or eclampsia.

During the first two or three days, the temperature may not be significant. It becomes noteworthy, if complications arise, such as pneumonia, when the respirations will be increased; or, a subnormal temperature may indicate a state of collapse. The value of a record of the temperature, pulse and respiration lies in its showing, perhaps, the absence of such complications. But in reporting to the surgeon, the actual salient points of the patient's condition should be mentioned, not those which at the time are insignificant. The character and rate of the pulse; whether or not there is distension; the amount of urine obtained after eight hours have elapsed since the operation; these are the first things to be observed. The attention must be centered upon the abdominal condition, though it may be arrested by any signs of disorder. The heart action must be watched continually; it is a great guide. For stimulation, strychnia acts upon the cardiac muscle; aseptic ergot does more through its power over the vaso-constrictor nerve. Adrenalin chloride also increases the tension of the pulse and results are obtained quickly from its use.

Classifying operations as septic or clean, the more septic a case, the more thorough should be the drainage. The patient should be kept strictly on his side to secure the benefit of gravity. A nurse is often left with the dressing of such a wound, and should manifest no timidity in getting at the bottom of a sinus. Nourishing diet is an important factor whenever the system has become depleted through sepsis. In clean cases, there is a certain relief in knowing the wound is closed and in the hope of its healing by first intention. Yet, even here, there are enemies in ambush, *e.g.*, internal hemorrhage. There may be a slow oozing which fills the abdominal cavity, closely resembling distension, the symptoms of which may be mistaken for shock from other causes. The mind, therefore, should habitually review all the possible avenues of danger and be prepared for the unexpected, the one thing which happens. Embolism is another dreaded foe. Those who have nursed to convalescence only to lose a patient in less than ten minutes know some of the disappointments of professional service. It is a cause for thankfulness that these accidents are of rare occurrence, and that the efficient nurse may so frequently find her joy in bringing the surgeon's work to a successful termination.

NURSING YOUNG CHILDREN

By ANNA J. HASWELL

Graduate Illinois Training School for Nurses

THE nursing of young children stands out as a division of our work needing special study. We have no branch that is more important. When a nurse enters a home to care for a sick child she is given a great responsibility, and if she is fitted to do the work she must have had preparation for it.

Children are so at our mercy; no nurse can have the right spirit and not show great kindness to them. They must see that we are their friends and there to help them. It is not strange that a child who has always been cared for by parents or some one else in the home naturally shrinks from a stranger, and we often have to win our way and sometimes let the mother do things we would otherwise do until the child becomes accustomed to us. Kindness must include firmness. This is very important. We should avoid making a child cry as that is very apt to make him worse, particularly if the disease involves the throat or lungs, but with tact the medicines will be taken and treatments given.

Do not try to deceive a child. If he finds that we have led him

to believe what is false we have lost his confidence. He will not believe us next time. For example, do not tell a child when you wish to give him castor oil that it is good. It is far better to tell him that it does not taste good, but you want him to take it. Then he will have reason to believe you next time.

As a rule, the onslaught of disease with a child is far more rapid than with an adult, and death or recovery is also more rapid, hence a nurse must be very vigilant in her watchfulness, and be quick to recognize symptoms.

It is easier to induce sleep with a child than with an adult for the mind is at ease, and sleep is a large factor in the recovery of a sick child. A child in health requires more sleep than an adult and so it is in sickness, hence all preparations for the night should be made at an early hour. If there is fever which must be reduced by a sponge or pack, it is a good plan to begin with warm water so as not to frighten the child. Ordinarily a child's fever is more easily reduced than an adult's.

Our work with children lies chiefly along the lines of certain diseases, namely, those caused from poor digestion and mal-nutrition, lung or bronchial trouble, and the so-called children's diseases, which are also contagious.

With all, free elimination of the waste through the bowels and kidneys is of prime importance. This will do much to prevent fever, and help to keep up good heart action. If the elimination is not kept up the circulation is impaired by the added burden of the poison of the disease.

Much of the sickness of children is due to poor digestion, often brought on by improper food. The age of the child largely determines what food to give. If a cereal, it should be cooked thoroughly, if milk, it should be pure. Pure milk without sterilizing, is far better than poor milk sterilized. Even after infancy, if the milk forms in curds in the stomach, a little lime water will usually prevent it. But in illness we must rely upon the physician to give directions in regard to food as well as medicine. We should not try to crowd the food. A little, digested, is far better than a large quantity which is not retained, or which causes disturbance.

An instance in mind is of a little child three months old whose mother, in her anxiety to have the baby gain, gave six ounces of food every two hours,—the child retaining only a little and losing in weight continually, weighing less than seven pounds at three months. We changed from six ounces to two ounces of food, and gave it once in three hours in place of two, and the food was retained. When the baby was

fretful between feedings, she had hot water, as hot as she could take it.

The baby's stools were extremely offensive and of bad color. In two weeks they became nearly normal, the baby had gained twelve ounces, and could take about four ounces of food at a time. The child was an excellent example of mal-nutrition. Her skin was very drawn, and her face looked old and pinched. Twice daily we bathed her with warm sweet oil, and let her lie near a fire until the oil was absorbed. She continued to steadily gain.

The treatment of a child with pneumonia is practically the same as with an adult, but his utter helplessness in raising any accumulation of phlegm or mucous often causes very alarming symptoms, and a nurse should be ready at any time for an emergency of very difficult breathing. An excellent remedy and one quickly obtained is flax seed, prepared as for a poultice, with some four tablespoons of turpentine, the steam of which is inhaled under a quickly improvised tent. As the mixture is so very hot it would not be safe for a minute to leave the child alone with it, so some one must be under the sheet with him to hold the dish where the fumes are inhaled. The pulse must be closely watched till the disease is over, and the child kept from over-exertion, for the heart, because of the nature of the disease, is much overworked.

It is very important to keep up the nutrition and yet not overtax the digestive organs.

There are only two of the contagious diseases of children for which a nurse is often called. They are diphtheria and scarlet fever. Too much cannot be said of careful preparation to fit one to care for children with these diseases. Scientific study on the part of bacteriologists and physicians, together with the trained nurse of the present day, has done much toward preventing as well as overcoming them, but nevertheless they still stand for two of the worst diseases of children. The complications which may arise with them are very grave, and only as one understands what these are may they be avoided.

A nurse must not only understand them to care for such well, but she must lose her personal fear of them, for it is simply impossible to care for such at arm's length with averted face. One of the first things a nurse should do when called to a case of diphtheria is to provide means of disinfection, and arrange the room and paraphernalia for treatment and care so as to have them as convenient and complete as possible. Methods of disinfection we will not discuss in this paper. Diphtheria is caused by the entrance into the system of bacteria which, while chiefly located in the throat, poison the whole system. The nurse must be able, with much care and gentleness, to treat the throat. It must not

be carelessly done, and all symptoms of difficult breathing must be very closely watched. The child should be irritated as little as possible. One of the best methods for swabbing the throat of a child is to wrap him in a light blanket so as to secure the arms then take him in your lap with his head upon your shoulder, your left arm firmly about him, and with the right hand carefully, and again we say gently, treat the throat. This has to be done every three or four hours. Avoid causing the throat to bleed. Keep up the nutrition and watch the heart. The toxic condition causes a rapid and usually weak pulse, and over-exertion must be avoided. Often the throat with scarlet fever becomes diphtheritic and has to be treated the same as in diphtheria cases.

One of the greatest advances made in the medical and nursing profession is in the marked decrease of severe complications with scarlet fever. This is certainly due to the changes in treatment and care. Present methods are reducing fever, and the giving of plenty of water not only retards the progress of the disease but aids the kidneys to carry off the poison from the system. A child may not care for the water, but he will take it if we ask him to, and lemonade is considered excellent by many physicians to be given once daily to stimulate the kidneys. Many a child in the days gone by was left with a weak heart or diseased kidneys because these things were not known.

Paralyzed and otherwise weakened bodies, as a result of poor care, were formerly frequently known as a result of scarlet fever, but knowledge of the disease and trained nursing have made such results unnecessary. Often the ears are much affected and abscesses form in them. This requires very careful cleansing with a syringe every three or four hours during the day, or even oftener. This must be done to prevent deafness. With the old methods, deafness was one of the most frequent results of scarlet fever.

We have tried to show what a nurse may do in her care for sick children, not only to relieve them, but to prevent complications. Perhaps one of the most trying stages in caring for sick children is the convalescent period. They cannot understand the necessity for being quiet, and one must exert one's self to be specially tactful and firm until the child is strong enough to actively exercise. Often the child, who is very submissive during the acute stage, becomes peevish and anxious to be up when he is far from strong. The little one, too young to be entertained often, ought to be held from time to time to change position, and rest the body. If older, there are many quiet means of entertainment, which help to pass the trying period. Quiet games, if the child is old enough, may be played occasionally.

The cutting of pictures from backs of magazines, and arranging them in a scrap-book made of paper cambric never fails to entertain. Colored pencils help out. A nurse caring for children should be able to help fill in this period with stories and jingles she has learned, or can read. Then there is the making of soldier caps or a fleet of paper boats which greatly attracts; and simple games to be played with a pencil.

However, no form of entertainment should be continued long enough to tire, and periods of rest and quiet must be insisted upon. The nurse who succeeds in winning the confidence and love of the children, in whatever stage of illness she is with them, has scored a large point in her success in the care of them. Let us be willing to do anything which will accomplish the greatest good for the child, and honor our profession by becoming more and more efficient in our ability to care for sick children.

THE HOME-SCHOOL FOR PRIVATE NURSES *

By M^{lle}. L. CHAPTAL

Directress of the School

It is not without some sense of emotion that I address you to-day. It is the first time, in France, that an audience of this kind has been gathered together. For the first time, in France, we as nurses, are called to participate in a movement to which up till now we have appeared to remain indifferent.

I say intentionally "have appeared," for we have not been so in reality—as the papers that you have just heard read have proved. No, our country is never the last when it is a question of devotion to duty, and we can recall traditions of noble work accomplished by the nursing profession in France. But, alas, there are, even in the most brilliant histories, moments of eclipse. We have traversed one of these moments, and if to-day I am moved in speaking to you, it is because once again the sun seems about to reappear from behind the clouds, to revive us with the warmth of his rays.

After the striking report of Mme. Alphen-Salvador—who has been the first in Paris to restore the nurse to that place in the social scale to which she has the right—it may seem that there can be nothing left for me to say to you. It may seem also that the school which has been founded by her renders all other private foundations useless and superfluous; but, to limit ourselves in such a large city as Paris to one type of school, superior though it may be, would be to strangely contract the

* Read at the International Council on Nursing, Paris, June 18, 1907.

field of action which is ours, and that of our colleagues. Since the beginning of the century, each year has seen the development of new work—founded with the same aim.

It was in 1904, that the Home-school for Nurses—of which I am going to speak—was founded, through the initiative of a woman whose illustrious name is honored by all. I speak of Mme. Taine. Profoundly impressed by the idea that the care of the sick was being more and more abandoned by the right class of French women, Mme. Taine was led to ask herself if this deviation from the path of duty had not its origin in a misunderstanding. In this country, the general opinion had so long been, that to be a nurse implied the taking of the position of an inferior; and that to direct the ward of a hospital, or to be entrusted with the care of a sick person in a private family, it was necessary to wear the garb of a nun. Consequently, it was the name of "nurse"—so noble and so great in itself—that it was necessary to revive. Now we know that "the habit does not make the monk," any more than a name makes a thing; but how greatly it helps towards it! From thence, the foundation of the Home-school, which has for its object the actual solving of the problem.

Those to whom Mme. Taine spoke of her scheme—the regretted Princess de Wagram, the Baroness James de Rothschild, her sister, and amongst the doctors, Dr. Maurice Letulle—looked at it from the same point of view as herself: they were convinced from the outset, that nothing ought to be left undone, in order to put it into practice. It was from the very beginning that Mme. Taine confided her scheme to us—convinced that our ideas would be the same as hers (as they had never ceased to be during several years in which we had collaborated in work of another kind).

A residence being found, the school was opened at the beginning of 1905, in a quarter sufficiently central—as far as the hospitals are concerned—to allow of the pupils going backward and forward to their daily duties.

The Rue Vercingétorix is situated at an almost equal distance from all the large hospitals of the "Assistance Publique," which do duty for the left side of the Seine; Laënnec, Necker, Broussais, Cochin and Boucicaut for the adults; the "Maternité" and the "Clinique Tarnier," for women; the "Enfants Assistés" and the "Enfants Malades," for children, and lastly, the Pasteur Hospital for infectious diseases. And it is in these different hospitals, with their infinite variety of wards and unlimited number of patients, that the professional studies of the pupils of the Home-school have been made daily during the last two and a half years.

Lectures in theory are given every week at the school by several of the doctors and surgeons of the hospitals. These lectures provide the pupils with the necessary technical instruction, without ever superceding or taking precedence of the practical part of their duties, carried out at the bedside of the sick in the wards of the hospitals. The pupils spend four hours every morning and two afternoons each week (altogether about forty hours a week) working in the hospitals. Their successive stages last for two years, and take them through all the different wards of the hospitals, both general and special, i.e., medical and surgical wards (first adult, then children), maternity wards (learning the care of mothers and their new-born infants), each taking four months. In addition, one month is passed at the Pasteur Hospital for the practical study of the nursing of contagious diseases, their mode of disinfection, etc.; two months for the management of nervous patients, and several weeks besides in other specialities such as eye, ear and throat hospitals, etc.

A monitress, attached to the school, follows the pupils through their various stages, puts them "*au courant*," inspects their work, acting always in *accordance* with the doctors and sisters of the wards. It is the duty of this monitress to render to us an exact account of the progress made, and of the difficulties encountered. The great courtesy shown by the doctors, and the perfect cordiality which exists between our pupils and the members of the staff, enable us to make a fair estimate of all that concerns the work of the pupil at hospital. At the end of each stage the doctors who have watched the pupils at work in their wards give them (after consulting with the head nurse) an "*appreciation*," or short report on their work, which is entered in the daily attendance book of the pupil. It is this attendance book, thus endorsed by the doctors and signed daily by the "*surveillantes*" (head nurses), which enables us to bestow upon the pupil at the end of her two years' study the certificate which represents the diploma (the medical committee of the school making use of this means to avoid the stumbling-block of a purely theoretical examination of which the *least* disadvantage is to direct the efforts of the pupils in exercising their memory—as students—rather than to the exercise of the practical part of their duties as nurses).

I must add that the training at the school includes a course on invalid cookery, and that a certain amount of housework is expected of all the pupils.

As to the moral part of the teaching, it is given by a delegate of the committee. I feel some diffidence in entering into details on this subject, but I may say that lectures are given once a week on general

ethics, especially dwelling upon those points which refer to the professional life and character of a nurse.

I am glad to notice that both in the method employed in arranging the successive stages, and in the moral program of the school, we find ourselves in accord with the ideas of our colleagues in other countries. Indeed, I have been more than once struck in reading the very interesting *AMERICAN JOURNAL OF NURSING* to find there expressed the very same ideals that we have always held.

It only remains now to speak of the financial side of the work. Here again the name of the Baroness James de Rothschild holds the first place. It is thanks to her generous donation that the school has been able to be established in a building, the state of which necessitated many important alterations and repairs. This building is sufficiently large to accommodate thirty-four persons, twenty in separate rooms and fourteen in cubicles. It is also a home for the old pupils (private nurses) who are thus always able to keep in touch with the school. They pay a fixed sum for their board when staying in the house, but all their earnings are paid straight to them while they are private nursing, minus an indemnity of ten per cent. for the first three years, after which it decreases in proportion to the length of the engagement renewed by the nurse at the expiration of those three years. It is then on the coöperative basis that the finances of the school are established; and here again we find ourselves in accord with our English colleagues.

Let us then, to-day, when we are able, at last, to exchange with so many different countries those ideals which are dear to the hearts of all women, congratulate ourselves on the cordial understanding which exists between us; and may it continue to grow and extend for the greater benefit of all those to whom our lives are consecrated—the poor, the suffering, the infirm, all those who stand in need of our help and sympathy.



RED CROSS OF FRANCE

By L. L. DOCK

THE Red Cross of France is composed of three societies and their branches: the French Society for Aid to Wounded Soldiers, founded in 1864; this was the society recognized by the International Committee at Geneva, and was the only one so recognized until January, 1907: The *Association des Dames francaises*, founded in 1879 (which also admits men); and the Union of Women of France in 1881. In 1907 these three societies became affiliated under the name "Central Committee of the French Red Cross" and the president and general secretary of each society have a seat in this committee.

During the war of 1870 France had some auxiliary women's societies, but they were disbanded after the war. The French women were far behind the Germans in organization, for Germany had over sixty thousand women united in close and systematic articulation under the Red Cross. Nor had the French women realized the necessity of preparing, in time of peace, by training nurses to be ready for war. Strangely enough, the most authoritative members of the older society, when urged to consider the advantages of organizing women as Germany had done, did not believe it would be successful! The experiment was made by Doctor Duchaussey of the Paris University. In 1877, he started the first class in First Aid, and two years after, encouraged by his results, founded the association of "Dames."

The French Red Cross is numerous, wealthy, and very generous. The women send travelling libraries to distant outposts, provide lavishly in times of disaster, and have abundant and complete outfits ready for every emergency. But in nursing they have never gone beyond a superficial stage. They have done nothing toward establishing training schools for professional nurses, but have an enthusiastic craze for volunteer nursing. Dressed in a nurse's uniform, society women, mothers of families, teachers, and school-girls delight in taking "courses" of which there is an extraordinary number—courses of lectures from professors of medical science, of demonstrations in First Aid, in visiting dispensaries to "do dressings." The latter is the especial fad, and one can read pages of sentimental gush (some of it, one is surprised to see, written by the doctors) over the admirable devotion of the women who

thus desert their social engagements to attend the consultations and assist in the minor surgery of out-patient departments.

Diplomas are given for these courses, yet the ladies scorn to "clear up" after dressings (personal information given by the head of a hospital); they are embarrassed and pretend not to have heard when purgatives are mentioned (The Red Cross of France, Maxime du Camp, p. 118) and the pharmacy is the domain of young ladies whose age does not permit them to go into the wards. (Women and War. M. Leo Claretie, p. 8.)

The "Dames" have established a hospital of twenty-four beds near Paris for the purpose of teaching volunteers. It has a large out-patient department, and here more than three thousand seven hundred persons have taken "courses," of whom six hundred and fifty have received diplomas. The Association of "Dames" claims the ability to put thirty-six thousand nurses into action in time of war—all volunteers.

After the Boer War, when the society women were called by Dr. Treves, "a plague," Dr. Anna Hamilton of Bordeaux wrote to the International Committee of the Red Cross at Geneva, pointing out the difference between the work of these amateurs and that of the English nurses, and made this formal request:

That, upon the initiative of the International Committee, every central society (national) of the Red Cross should be called upon to state whether, in their countries, they possessed organizations analogous to the English Army Nursing Reserve Service; that is to say, associations of nurses of superior education who in times of peace are in daily and nightly charge of the sick, to the exclusion of all other nursing bodies, and who, in time of war, are entirely at the disposition of the military authorities.—(Bulletin International des Sociétés de la Croix-Rouge, 1901, p. 40.)

As yet, however, this request has not been acted upon, probably because of an unwillingness to offend the volunteer army.



THE COURSE IN HOSPITAL ECONOMICS AT TEACHERS' COLLEGE

BY M. ADELAIDE NUTTING

ON the twenty-fifth of September the Course in Hospital Economics at Teachers' College was opened for its ninth year of work. Thus attesting, we venture to think, the soundness and vitality of the ideas which brought it into existence. Those who are not familiar with these ideas should refer to the transactions of the American Society of Superintendents of Training Schools. At their fifth convention held in Toronto in 1897 a paper was presented by Mrs. Hunter Robb calling attention to the fact that superintendents of nurses were also teachers and heads of training schools and that as such they needed a special preparation for their work which could only be supplied in a place devoted to the training of teachers, and suggesting further that the desired uniformity in the work of training schools might perhaps be brought about when some uniform method of training our teachers could be provided. The formation of a committee with Mrs. Robb as chairman, her visits to the Dean of Teachers' College, her presentation to the society the following year of a detailed plan for an advanced course of study for nurses at the college, the prompt way in which the society pledged itself to support her plan, and the subsequent steps by which, within a year, a course for the training of teachers of nurses was established, and two students were actually in attendance, are matters of history, interesting and instructive, which may all be found in her records of the Society.

Though the number of students has never been large, the average not exceeding six yearly, and though means have been lacking for the proper development of the course in certain practical ways, yet the work as a whole has not only held its own, it has steadily gained ground. Miss Anna L. Alline, one of the two students of the first class to enter, was persuaded to remain in charge of the class, and so great was her interest that she stayed on for several years, giving the work her best thought and attention, only leaving it recently to take the very important appointment of inspector of nurse training schools in the State of New York, a post which we can hardly help feeling is almost a logical outcome of the educational work in which she has been engaged at the College.

Under her direction a two years' curriculum leading to a special diploma has been developed. A good field for practice teaching for the

students has been obtained in a training school near the College (the Laura Franklin School for Nurses), and other improvements have been effected which will be noted later. Her faithful, steady devotion to the interests of the students, and her loyalty to the Society of Nurses which she represented in the College, have never failed, but she has worked so quietly and unostentatiously, that few of us perhaps fully realize how much we owe her. For the coming year few changes are contemplated. A new series of lectures—a very practical one on Hospital laundries—has been added to the course, and will be given by Miss Clara D. Noyes, Superintendent of St. Luke's Hospital, New Bedford, Mass. Mr. Charles Butler, whose excellent course of lectures on Hospital Architecture was so much appreciated by the students last year, has undertaken to give a longer and fuller course this year, and to make it more practical by a series of carefully arranged visits to specially selected hospitals.

A plan is on foot to open these special courses of lectures to a limited number of outside students—graduate nurses who are interested in the various phases of institutional work which these lectures deal with—to those for instance who find the hospital laundry something of a problem—the very practical course of lectures which Miss Noyes will give should prove very useful. It is believed also that a good many would be glad of an opportunity to attend the lectures given by Mrs. Robb and others, whose wide experience in hospital and training-school matters enables them to speak with unquestionable authority on the various phases of nurses' training and of nurses' work.

The lecture courses are here outlined in the order in which it is expected that they will come during the year, but the exact dates will be set a little later. A small fee will be charged for admission to any one of the series.

In the absence of Miss Dock, whose lectures are scheduled to begin the year, the course will begin with Mr. Butler's lectures on Hospital Administration on October 25th.

History of Nursing and of Hospitals, Miss Lavinia L. Dock.

Hospital Planning, Charles Butler, B.A., A.D.G.

Working Essentials and Hospital Construction, Miss Annie W. Goodrich.

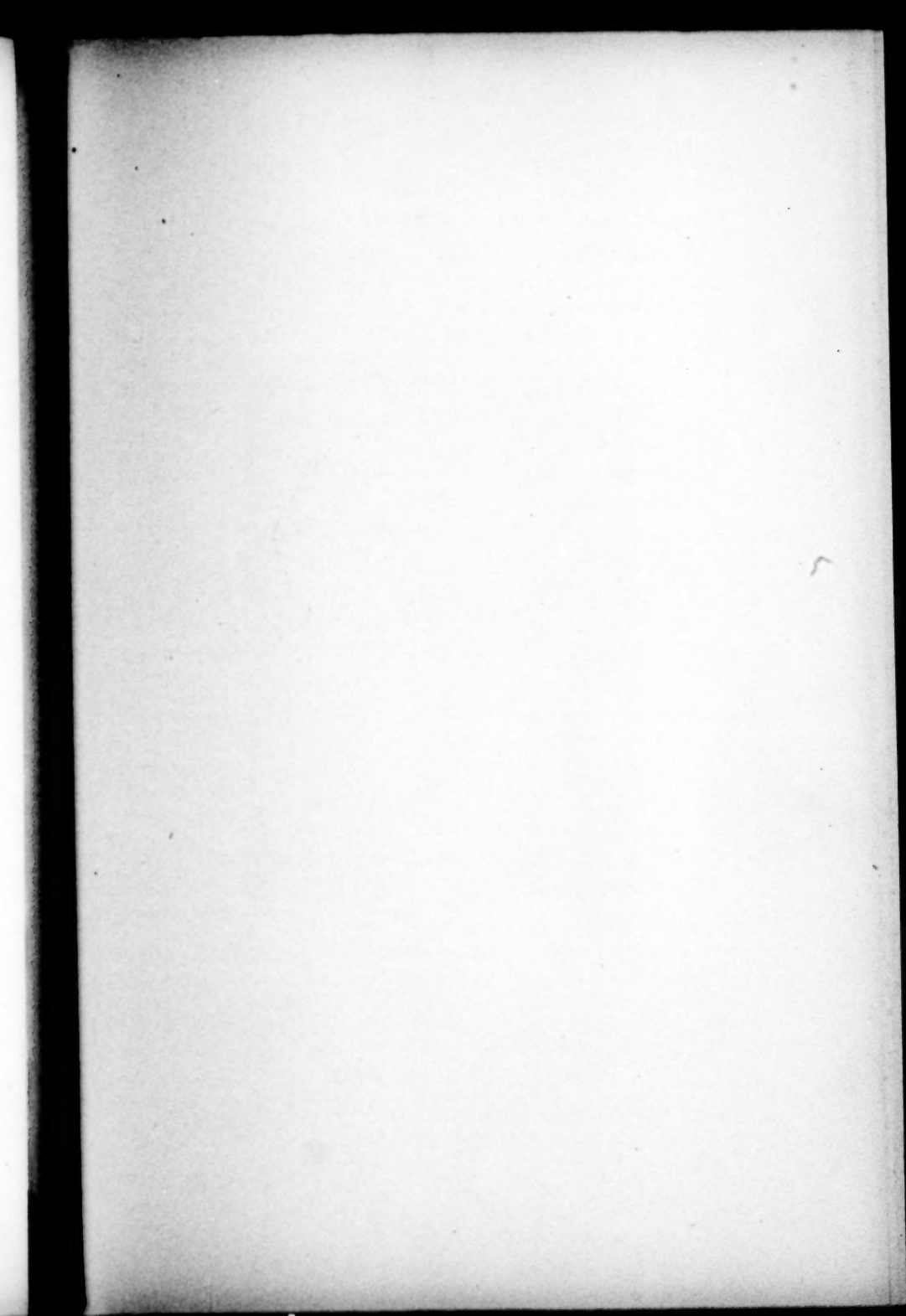
Hospital Administration, Miss Maud Banfield.

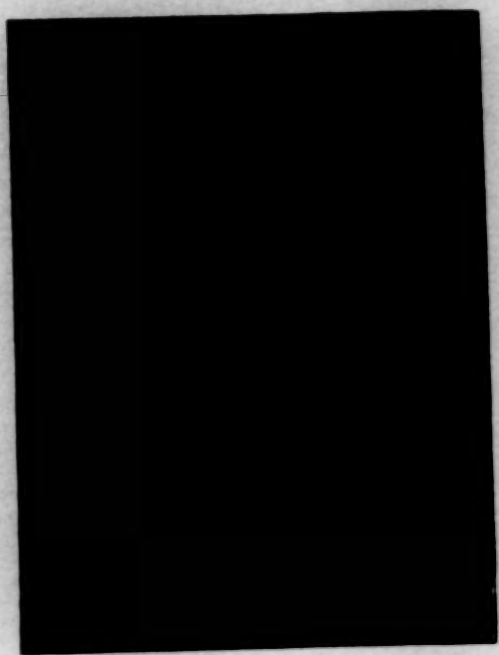
Hospital Laundries, Miss Clara D. Noyes.

Training-School Administration, Mrs. Isabel Hampton Robb.

Training-School Administration, Miss M. M. Riddle.

Applications should be made to Miss Nutting.





NURSING IN MISSION STATIONS

Two years ago on November 1st, All Saints' Day, the news of the Lien Chow martyrdom reached this country. We are able now, through the courtesy of *Woman's Work*, a Presbyterian missionary magazine, to present a picture of the memorial tablet erected to the memory of these martyrs and placed last spring in the assembly room of the Presbyterian building, 156 Fifth Avenue, New York.

Eleanor Chesnut, whose name stands first on the tablet, was a nurse as well as a doctor; her life and death were so heroic that all nurses should cherish the memory of one who nobly represented their profession.

POSSIBILITIES OF COÖPERATION IN REGARD TO TRAINING OF EFFICIENT NURSES

Paper read by Mrs. (Dr.) Rowley at a meeting of the Central China Medical Missionary Association at Hankow, 1907.

"One of the things that struck me most when I first came to China, was the amount of time that it seemed quite necessary for missionaries to spend in nursing the sick ones among their own circle and outside it, and the great need for really trained help in times of illness. I am not a certificated nurse, and I therefore hardly feel that I am the best one to write on this subject, but I did have some nursing training before I began my medical work and this has been very valuable to me since. With the aid of this bit of training I soon began to try to get things in our hospital into something like ordinary hospital routine. The more I came into contact with the Chinese girls who worked in the hospital the more I could see no reason why they should not become really efficient nurses, and able to supply the need which seemed to me so real and urgent among foreigners as well as Chinese.

But there were many difficulties to contend with in getting the girls to fall into line with the discipline and rigorous life of training. First came the fact that other people among the Chinese had no respect for the calling of a nurse, but looked upon it as menial in the extreme, and the work quite beneath the dignity of a decently brought-up girl. The girls themselves would say, "What are we, we are nothing, we do not have education, we shall never be doctors," and to be a doctor seemed to be the only thing worth being in connection with medical work. If they went out with me to a well-to-do patient's house, the people treated

them like slaves, left them standing, brought them no tea and generally neglected them. This had to be remedied even at the risk of spoiling the girls. A skirt for outside use was provided, my tea was passed on to the nurse, and I did not sit till she also was asked to do so, and by and by it came to be understood.

In hospital by dint of regular teaching the most menial and objectionable parts of the work were found to have their interest and great importance. When inspection of excreta was found to be so vital a matter as to make it impossible to trust it in the hands of an ignorant "pópó" * a matter needing care and brains, and really connected with the patient's well-being, there was no more trouble getting the girls to do this kind of work.

Soon regular night-duty was established and regular off-duty times arranged for, and at other times the girls were found always in the wards and at their posts. Gradually a spirit of proper pride in their own work and their own hospital has sprung up; and there is no doubt that now the dignity and desirability of their profession is very much in their minds, and the girls are usually very eager to learn, do or see anything which will make them more efficient in their work.

Till quite recently there has been some difficulty in getting suitable girls for training, but latterly we have many girls with their names down a year or two in advance, anxious to come. Our requirements hitherto for girls wishing to enter the hospital have been simply that they must be not less than seventeen years of age and must be able to read and write. Gradually we have been able to get better educated girls. Hitherto the training we have required has been three years, the girls coming first for three months' probation before signing the three years' agreement. During these three years the girls receive just enough to clothe themselves, beginning at fifty cents a month for the trial time, then one dollar, one dollar and a half and two dollars a month for the three succeeding years. After three years they may stay on at a salary of six dollars, rising gradually to ten dollars a month in addition to food.

During their course, in order to receive a certificate, an examination in general nursing in two parts—written and practical—must be passed. It can be taken at the end of the first year. A separate certificate is given for midwifery and teaching in this subject, unlike that of nurses in the homeland, includes operative work. The present state of things in China seems to demand this. We have several times received

* Pópó—a term for an old woman who does menial work.

nurses for shorter training for other hospitals in which case all expenses are paid and a fee charged for teaching.

During the last year our nurses have brought in four hundred and fifty dollars, gold, for caring for cases outside the hospital, and have several times been called to wealthy Chinese homes.

The main object of this discussion is a practical one; viz., to devise means for coöperation in order to increase and improve our nursing staff in Central China. I should like to lay before you for discussion the whole question.

1. That examination both in nursing and midwifery should be conducted by a central examining board, on which shall be representatives from several missions, thus giving more than local value to the certificate. Certificates should in each case be given only at the end of the training and signed in addition to the examiner's signatures by the matron of the particular hospital to which the candidate belongs, as a guarantee of general satisfaction.

2. That a certain term of training should be agreed upon and selected for all hospitals sending candidates for these central examinations, so that any man or woman receiving the certificate may be known to have had a suitable amount of practical work in addition to the study and technical classes necessary for passing the examination.

3. That the examinations shall be held in the spring and autumn of each year and that candidates who fail may have another opportunity six months later. In the case of women who may have to be married and go away to distant places, this may mean a great deal.

4. That examination should be on fixed subjects, leaving the books used to the option of those who teach.

5. That pupils presenting themselves for examination in midwifery should be able to produce proof of having taken part in the conduct of at least twenty cases and of having had teaching on the phantom."

[The above article is a revelation. We think of China as a place where trained nursing is unknown, and we find that already some of our own most advanced problems are being considered there,—a uniform curriculum and a central examining board.]

Miss Maddock, of Wuhu, China, to whom this department has so far been indebted for most of its material, sends us a thin Chinese book, with large Chinese characters on the back cover, which is, of course, the front cover. The first title page is in Chinese, also, but the second is in English and reads *Manual of Nursing* compiled by the Central China Branch of the China Medical Missionary Association. Shanghai: Printed at the American Presbyterian Mission Press, 1905.

The table of contents, printed both in English and Chinese, indicates that the nine different chapters are prepared by nine physicians, that on obstetrics by a woman. The subjects treated are: Introduction; Elementary Anatomy and Physiology; Surgical Nursing (two chapters); General Nursing; Nursing in Medical Cases; Obstetrical Nursing; Nursing in Children's Diseases; Glossary.

The chapters are printed in Chinese, but the pages have English headings, from which one can follow the matters treated. It seems to be arranged in a very practical, helpful way. For instance, the chapters on surgical nursing begin, Importance of cleanliness, bacteria the cause of disease, media of infection, how to purify the air of the ward, care required for the nurses' clothes and hands, how to make the patient antiseptic, etc. The glossary gives the Chinese characters selected to represent the different medical terms used, for of course the medical phrases in common use here have no exact counterpart in the Chinese and characters must be invented or adapted for use.

From *The Nursing Times*: In an article entitled Among the Nazarines, Miss Johncock says: "All food and cooking had to be prepared in the room with the patients, who would lie with their nostrils plugged with raw onions or some green leaves with a very strong smell, to prevent them from smelling the cooking, which was considered very bad for a wound. * * *

"At times my thoughts turn longingly to the neat, clean, orderly wards at home, and I long to tread the polished floors and breathe the clean air once more; but the voice of a little child calls, begging a drink of water. I put the feeder, which its tiny hands grasp as they would a prize, to the parched lips, while for a few brief moments the burning thirst is quenched; then a little hand seeks mine in gratitude and kissing it, raises it to its head, and in a quaint, old-fashioned way prays that my days may be long in the land. My heart replies that if this be so they shall all be spent for those who so much need care and comfort in this land."



NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

INJURIOUS MESSAGE.—*The American Journal of Surgery* says: Nurses should be instructed not to massage the limbs of patients who complain of pain after operation or confinement, without the order of the attending surgeon. If phlebitis and thrombosis are present, the manipulation may loosen a clot and cause instant death.

ACIDIFICATION OF THE VISCERA AS A SYMPTOM OF DEATH.—*The Medical Record*, quoting from an Italian contemporary, says: Ascarelli Attilio draws our attention to the difficulty of ascertaining whether death has really taken place, which has been recognized in Germany by attaching to every cemetery a mortuary room in which every body is retained for a certain number of hours before burial, while attached to it are instruments of precision which will give warning of the slightest movement. The author has made an extended series of experiments on dogs to ascertain whether the acidification of the tissues of the body, which takes place soon after death, cannot be made use of as an exact demonstration of death. He gives it as his conclusion that this acidification does take place uniformly in the tissues, so that its occurrence may be regarded as an infallible sign of real death. It is the first symptom of death appearing in thirty-five minutes after the cessation of the heart beats. The removal by means of a trochar of a small portion of the splenic parenchyma and testing it will show the presence of acidity. Acidity appears first in the spleen, kidneys, heart, and liver. The cause of death makes certain variations in the phenomena, but the rapidity of death has no effect on acidification.

PLASTER-OF-PARIS DRESSINGS.—The following is from *The American Journal of Orthopedic Surgery*: Meisenbach says of the setting of plaster-of-Paris that chloride of sodium in small amounts hastens the set; in large amounts retards it; in any amounts it weakens the dressing

by decreasing the crushing force and tensile strength. Dextrin in small amounts strengthens the dressing by increasing both the crushing force and tensile strength, but it also lengthens the time of set in direct proportion to its use. If the time of set is no object, it may be used to good advantage in certain cases, as for instance in making a plaster bed for multiple tuberculous bone lesions. Starch in small amounts (that which is contained in starch sized bandage) adds to the strength by increasing the tensile strength. It does not interfere with the set of the bandage. Portland cement when used in the plaster-of-Paris bandage has the great advantage over chloride of sodium and dextrin in that it can be mixed with the plaster before the bandages are made and that it materially strengthens the bandage in all of its essentials, i.e., increases the crushing force, tensile strength, and at the same time reduces the time of set and density. The density with it is less than the density of the pure plaster itself. The dressings made of the cement bandage are of a light sage color and are not as easily affected by perspiration. They are much stronger and lighter than the pure plaster dressings.

DANGER OF FIRE IN FORMALDEHYDE DISINFECTION.—In *The New York Medical Journal*, C. H. LaWall calls attention to the dangers attending the modern method of disinfection by the formalin-permanganate plan, stating that on several occasions the mixture has been known to take fire spontaneously. In the formalin-permanganate method it has been customary to use two parts of formalin to one part of permanganate, adding the latter to the former and quickly leaving the room before the violent evolution of gas which shortly takes place has time to affect the operator. Working with quantities in some cases as high as one pound of permanganate, the amount of heat developed must be very great, and if there are any uncertain factors present, such as organic matter in the container which has been imperfectly cleaned, the danger of possible ignition is that much greater. The flame which has appeared on these occasions of combustion has been of a pale blue appearance, reaching several feet in the air from the container. The gas may be ignited from a 40 per cent. solution of formaldehyde by simply heating it and applying a match to the surface after ebullition has begun, and when the formalin-permanganate disinfection proportions are used in as small a quantity as one ounce of formalin and one-half ounce of permanganate, using a beaker for a generator, the flame of the ignited gas has been observed to have a length of more than one foot. In view, therefore, of the uncertainty regarding the cause of the

ignition of the vapor in these observed cases and in recognition of the hitherto overlooked fact that formaldehyde vapor is very inflammable, it would be well to practice this method of disinfection with the precautionary measures of using small quantities of the ingredients (not over one-quarter or one-half pound of permanganate to a charge) in several containers, surrounding these containers with larger ones containing water, being careful to extinguish all gas jets, pilot lights, fire, and other possible causes of ignition, and keep the generators away from the sides of the room where a flame might be communicated to inflammable material. It is not believed by the writer that this method of disinfection need necessarily be abandoned, but it is essential that its limitations and dangers be not overlooked in its future use.

THE DECOMPOSITION OF CHLOROFORM.—*The Medical Record* says: An ingenious device for automatically indicating decomposition occurring in chloroform intended for use as an anæsthetic has been suggested by Breteau and Woog. It consists in making use of the indicator congo red for determining the development in the chloroform of even the minutest traces of hydrochloric acid. In order to do this conveniently a small disc of elder pith stained with a solution of congo red in absolute alcohol is placed in each bottle containing the chloroform. Normally the stained disc retains its color indefinitely, but if, as the result of the action of air, light, moisture, etc., decomposition begins, hydrochloric acid is set free and the indicator changes from red to blue. The chloroform then should be either discarded for internal use or be repurified. *The Lancet* states that it has tested this method and has found it extremely delicate.

TREATMENT OF STYES.—*The American Journal of Surgery* says: A sty is often most easily treated by the removal of the hair in the infected follicle and the subsequent application of iced boracic acid compresses.

VALUE OF INCUBATORS.—*The Annals of Gynecology and Pediatrics* says: Miss Minnie Goodnow, directress of nurses, Milwaukee County Hospital Training School for Nurses, Wauwatosa, Wis., says that "De Lee, who speaks from a wide experience, looks upon the incubator as an essential factor in the care of premature children. Holt and Edgar,

equally good authorities, are skeptical as to its value. Tarnier, who was one of the first to use it, publishes statistics which prove conclusively its efficiency.

The chief criticisms are that the ventilation is uncertain, and that there is danger of infection being carried from one occupant to the next. These are just criticisms and should be kept in mind by those who have the care of these cases, though they may be entirely obviated by careful attention. It is, however, an open question whether any incubator supplies a sufficient quantity of fresh air to its occupant."

THE DIURETIC EFFECTS OF COLD APPLICATIONS TO THE SKIN.—

The New York Medical Journal, quoting from French contemporaries, says: Dubois and Butruille call attention to the diuretic effect of cold baths in febrile conditions, and to the results of experiments made by Lambert, of Nancy, upon young persons in full health, who found that in normal individuals the cold baths, more or less prolonged, also caused considerable augmentation of urine. These authorities determined the fact that applications of the ice bag to the abdomen or thorax, for periods of five or ten minutes, produced, in fourteen cases out of seventeen experimented upon, a very marked increase in the quantity of urine secreted during the time the ice was applied. This was determined by fixing a catheter in the bladder, and collecting the urine every five or ten minutes. It was also noticed that a greater secretion amounting to diuresis took place after the application of the ice. This phenomenon was always observed. These observations were repeated and always gave the same results. These results confirm those which the physiologists had already obtained in man; but as they were conducted with all the precision of a positive experiment, they are much more demonstrative.



IN one of the summer numbers of the *Outlook* was a very good and amusing story in which a trained nurse is introduced who is described as the Ice-maiden. While we smile, there is a lesson beneath the phrase which we should not miss.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE PRIVATE NURSING SCHOOLS OF PARIS

THE private schools for nurses in Paris have undoubtedly exerted some influence upon the general administration of the public hospitals, even though this influence has not, as yet, declared itself by any direct alliance.

But these schools have given the public hospitals an object lesson of great value in showing the right method for securing applicants of a refined and educated class and the right way to take care of them and direct them. Charming and comfortable homes of refined simplicity, a separate bedroom for each pupil, class-rooms, diet-kitchens arranged for teaching, well-kept dining-rooms and a carefully arranged daily program of discipline and order under women heads—these were the novelties offered to the attention of the directors of public hospitals, where not a single nurses' home existed and no woman superintendent was to be found,—and when, in 1904, I first saw the *rue Amyot* school and learned that the director of the *Assistance publique* had shown an interest in it, I felt sure that great good must arise from it. For there is nothing like seeing. One object lesson is worth miles of talk, and this school showed a group of intelligent and well-bred young women who desired to become nurses without being members of a religious order—a combination which many people in France and Italy regard as an impossibility.

The *rue Amyot* school, founded in 1900 and opened on February 15th of that year, was the first attempt made in France to introduce what was called in England, in the early days of reform, the "lady-nurse," for, as we shall see, the first Bordeaux school was opened a year later.*

This pioneer private school of Paris owed its inception to Mlle. Allégret, the principal of a girls' high school, who keenly desired to see

* An error in recent articles of this Department is to be corrected. Dr. Hamilton wrote her Thesis in 1900 and opened her school in 1901.

new avenues of skilled occupation opened to young women, who were then chiefly restricted to the overcrowded profession of teaching. She believed that nursing offered an alternative of great possibilities, and succeeded in interesting a large group of progressive and intellectual persons, among whom, as the list of Foundation Members shows, are many prominent educators. From the beginning Mme. Alphen-Salvador has been the devoted president, as she was also one of the first and most enthusiastic founders.

However, as to practical training in nursing, this little plant of high ideals and of careful theoretical teaching has had only the scantiest resources. A tiny surgical home and a wee hospital of eight medical beds, a small out-patient department for adults and a service for nurslings with milk distribution, have been of course all inadequate to teach more than the rudiments of nursing. Yet, so far behind-hand is nursing in general in France, that even this represented an advance step in which great difficulties had been overcome. It is to be regarded, then, only as a beginning, and not judged as a completed thing. Its development is all before it, but it is not unjust to point out one radical defect which, if not altered, will greatly interfere with that development. This is, that the school has never been directed by a nurse. Its head has always been a teacher. Now, it would be admittedly absurd to put a nurse at the head of a normal school. But it is equally absurd to place a teacher at the head of a school for nurses. This weakness in organization has no doubt come from the generally very hazy idea of what nursing really is that one finds among the most intelligent people, and so also it happens that the *rus Amyot* has made the great mistake in its teaching of sending its pupils into the wards of the general hospitals in the mornings to *look on*, and only to look on. Nothing, of course, more futile can be imagined, and a nurse in charge of the school would probably have persuaded the managers of this. Dr. Rist, the physician most closely connected with the school, who has excellent practical views, knows how unsound such hospital experience is, and in his last report he spoke very definitely in criticism, saying that the pupils will never learn nursing in that way, though they are likely to get an undesirable smattering of medicine. One learns further, from his report, the very interesting fact that the pupils themselves have become dissatisfied with this method, and have expressed openly to the managers a wish for more thorough experience.*

But why does Dr. Rist then say that "*The Paris hospitals are not made for the training of Nurses?*" What, these magnificent hospitals

* Eighth annual report, page 22.

with their thousands of patients of every class, could there be more perfect training grounds for nurses? And they are crying to heaven for a reformed system of nursing.

But the difficulties in the way were intimated by M. Mésureur, when in his address to the school* he allowed it to be understood that he would gladly see the school take the entire charge of a set of wards, but that this could only be with the consent of the chiefs of staff.

The second private nursing school, that of *rue Vercingétorix*, founded in 1904 by Mme. Taine, actually owes its development entirely to the great ability and energy of Mlle. Chapel. Situated in a fascinating old convent of ample buildings and large gardens, with a group of enthusiastic and charming pupils, this school has all the attractive features of the first and has surpassed it in practical work. For these pupils are sent into the general hospitals for a part of each day, not to walk about, but to *work* under the direction of the head-nurses. Each pupil has forty hours a week of ward work in this way during the whole of her two years' course, and Mlle. Chaptal has selected the hospitals so as to give a general service: thus medical, surgical, contagious, etc., etc. As will be seen in her report, their course includes work in some eight or nine different hospitals, which is supervised by the assistant superintendent of their own school (Mlle. Chaptal's assistant), who inspects their work in much the same way that a district nursing superintendent oversees the work of her nurses.

Of course in this plan, also, one sees, not a finished product, but a beginning, and must judge accordingly. The immediate criticisms to be made are, obviously, that pupils thus taught cannot learn *ward management*, nor really learn to bear responsibility. Then, too, and of more far-reaching importance, this system does not regenerate the hospitals. Nevertheless, this beginning is full of promise. St. John's House in England began in this way in 1848, and ended by having full charge of the nursing in a number of hospitals.

Mlle. Chaptal has had some hospital experience. She has spent much time in working in the wards near her own summer home, and has taken the course of instruction established by Dr. Bourneville in the municipal schools of the Paris hospitals. In connection with this, she had some work in the wards of Paris, though not what we would call a regular training. All of this (originally taken to enrich a long-established and important share in the anti-tuberculosis campaign), has been most useful in guiding her naturally keen and organizing genius in the building and planning of this school, the future of which, we may feel sure, has

*Eighth annual report, page 30.

been carefully thought out. There is room in France for many training schools and many qualified nurses, so that these two in Paris need never feel like rivals except in the sense of noble emulation. Their many warm friends and sympathizers among the foreign delegations hope to see each one attached soon to a general hospital, for growth will then start up rapidly. A training school for nurses cannot really flourish until it has a hospital, for it can only express itself in work, and this work lies out of its reach so long as hospitals are cut off from it. Mlle. Chaptal, who must certainly be counted as one of the most useful citizens of Paris, has originated and is chiefly responsible for a number of socio-sanitary reforms of which we are glad to find a general outline in the *Bulletin Professionnel* for August, as follows: As president of a society for combatting tuberculosis among adults, she has established three anti-tuberculosis dispensaries in different quarters of the city, and an idea of the immense services rendered by these dispensaries may be gained by the difference in the death rate in these quarters. For instance, in one, Plaisance, before the dispensary was established, the mortality from tuberculosis was 91 to 10,000; since then it has fallen as low as 49 to 10,000. In connection with these dispensaries (which are run on lines like ours, with distribution of eggs, meat, milk, tonics; and supervision of homes, with disinfection in case of death, instruction in means of daily disinfection, and the giving out of sputum-cups), a laundry has been established where the linen of tubercular patients may be carried in special sacks designed for the purpose, sterilized and laundered. Further, in the work of prophylaxis, Mlle. Chaptal founded another society to build sanitary homes for working men's families, for there, too, it was found how terribly responsible for a high death rate insanitary dwellings are. The first one of the model tenements erected by this building society is in the rue Guillemot, and contains suites for fourteen families, all with not less than four children. A second model building will soon be put up, followed by others. Next comes a service to the wives and mothers of working men, comprising: a free out-patient consulting service for gynecological and obstetrical cases; attendance provided in the homes for lying-in women who for family reasons cannot go to a hospital; dispensary twice a week for nursing and sick children, with distribution of milk, whenever needed, to the mother, to enable her to nurse her child. If she is physically unable to nourish it, the dispensary assumes the responsibility of supplying nourishment for the babe during its first year. Medical treatment is provided up to the age of three years.

In connection with this work a service of providing work at home

for nursing mothers who are obliged to earn, has been started by Mlle. Chaptal's untiring energy. In such cases the mother is enabled to nurse her infant which she would otherwise be compelled to wean.

The result of this work among mothers and children has been to lower infantile mortality in the quarter, from 14.1 per cent. to 6.9 per cent. Nor have the fathers been forgotten, for this wonderful woman has organized a Society for Mutual Aid, which is a branch of the Anti-Alcoholic League; and a coöperative association to encourage the sale of "soft drinks" and this association opens a coöperative shop this autumn.

When one sums up these various activities and adds to them the promising young school for nurses on the rue Vercingétorix, and realizes that besides being the inspiration and moving force of them all, Mlle. Chaptal raises most of the money to support them, there is no wonder that the Academy of Moral and Political Science lately conferred upon her its highest gift, a prize of \$3000.00, given in recognition of the most valuable public services, and which only two or three other women have received.

Mlle. Chaptal will attend the next International Congress of Tuberculosis in Washington, when her American friends will have an opportunity of returning some of her many kindnesses to them in Paris.

A HOSPITAL IN MONTENEGRO

WHILE in Cettinje, we visited the only hospital in Montenegro. it is called "The Hospital Danélo I," and is an old fashioned building, situated in the midst of a pretty garden, on the edge of the town. While waiting for the physician in charge to show us through the hospital, we sat in the room used as the Dispensary, and several patients came in for treatment one of them a prisoner with chain and ball on his leg. A young peasant woman, in cotton gown, a handkerchief over her head, acted as nurse, and though she was uneducated and had never been in a regular nurses' training school she used the greatest precaution in cleansing her hands before and after every treatment. Finally the house physician, Dr. M., appeared, and conducted us through the building. It is, as I said, very old, and not at all adequate to the demands made upon it; it is absolutely plain, has few if any modern conveniences, but every corner is immaculately clean. Dr. M. explained that he is a graduate from Heidelberg University, that although he has to work under great difficulties

his results are most satisfactory. The work is largely surgical and he has to act in the capacity of surgeon, superintendent of hospital, and for the serious cases, he is nurse as well. He showed us his room, situated on the ground floor, near the operating room, and opening from it a room with two beds, both of which were occupied by cases newly operated upon. He said he always places the serious cases in the room adjoining his, so as to be able to watch them carefully at night as well as by day, until the crisis is passed. His work is very hard and only occasionally, when it is particularly heavy, does he secure the assistance of another physician. We had noted his colleague busy taking temperatures, clad in the native costume, over which he wore the white surgical gown. Dr. M.'s salary is insignificant, but his work is very interesting, and some day he hopes to go to America, to work among his countrymen who have emigrated there. He has introduced into this little place among the mountains of Montenegro, methods of cleanliness and care, that we did not see in the larger places of Spain. It seemed to us that he has had far greater difficulties to surmount, for there is no railroad in all of Montenegro, the only means of travel there being by carriage road over the mountains, hence there is less contact with the progress of civilization in Western Europe. Yet Dr. M. single handed is securing better results than the doctors in the two hospitals that we had visited in Granada and Seville.

REBECCA SHATZ, R. N.,
Interlaken.



IN the August number of the *News Letter*, an article appears by Dr. Richard C. Cabot "On Foregrounds and Backgrounds in Work for the Sick," which is most interesting and helpful. It is a pity every nurse might not have the benefit of reading it. It is hard to select any one paragraph which is more valuable than another, but this illustrates well the spirit of the whole article:

To be blind to the humor of the moment or to the pathos and the tragedy of the moment, to meet them all with the same engaging smile or the same business-like firmness—oh, it is a performance fit only for lay figures on wheels! God grant we may act to-morrow a little less like stuffed images! No wise thought of the future, no deep scientific ardor for the truth to be learned from these sufferers, no preoccupation with the wider interests of the community, can justify our blindness to the here and now.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I noticed in this morning's paper a wail from the normal school for want of applicants,—verily prosperity has also its problems. The reason those in authority advanced was "too much prosperity." I would also add the smaller families; the "quiverful" has become a thing of the past. I knew families of six to eight and even ten girls in my childhood, imagine!

M. T. F.

A TYPHOID TUB

A country call—who will take it? It will be hard, yes, but then you know most country calls have their compensations as well.

You may find that the people are either wealthy or well to do planters, then there will usually be sufficient to do with; it may be that there is plenty of money but no idea how to spend it for making the surroundings comfortable; and again the family may be in straightened circumstances yet anxious that no expense shall be spared to bring the dear one back to life. Shall I take it? Yes.

Sure enough the people were found to be in fairly comfortable circumstances and willing to obtain anything possible for the needs or comfort of the little patient—a girl of about twelve.

It was a case of typhoid fever. The doctor prescribed baths and left it to the discretion of the nurse if they were to be tub or sponge.

Sponge baths did not have as pleasing an effect as desired. The father said, "I will buy a tub." Forthwith he went to the nearby town and brought back a porcelain tub, bathroom size. The poor man had done his best but it was utterly impracticable, so putting my wits together and calling to my aid an old negro about the place, an adequate tub was devised, first two saw horses and then, uniting them with scantling at the ends and of the required length along the sides, the frame was made. Next, a piece of heavy coffee-sacking was nailed along the sides and at one end. This was lined with rubber sheeting leaving both sacking and sheeting free at one end so that they could

be wrapped about the scantling during the bath to hold the water in and let down afterward to empty the tub. The device was quite adequate, the tub baths were more effectual and better borne than the sponges, and all parties were happy and well pleased. The compensations in the way of gratitude and goodwill were all that could be desired.

It may be that the suggestion may be of use to some other nurse doing country nursing.

KATHERINE DENT.

DEAR EDITOR: Would it be possible to have something in regard to open registries in the JOURNAL? We started a registry in this city last spring but were obliged to confine it to our own graduates in order to placate those who did not or would not see the necessity for any registry and would have none at all if it were not an open one. Those who wish to keep out the outsiders are almost all Canadian nurses, recently graduated. The older graduates, also Canadians, with one or two exceptions, want an open registry and hope to be able to obtain one.

R.

DEAR EDITOR: I did not deem it necessary to correct the statements made by Miss Wyche or Miss Cabaniss on "Conditions in the South" as there seemed nothing definite in their assertions, at least I supposed their remarks pertained to their section of the South, Virginia and Maryland, but when my next door neighbor from Mississippi attempts to correct them, I am compelled to sit up and take notice.

The first school for nurses ever chartered south of the Mason and Dixon line, was granted by the state of Tennessee, October, 1887, and is known as the Memphis Training School for Nurses. The first Superintendent of this school was Miss Winifred Hatch, a graduate of Miss Hampton's from the Illinois Training School.

It may be possible that the New Orleans school ranks second, but I am under the impression that Galveston, Texas, might claim this honor. The first superintendent of the John Seely Hospital, of Galveston, was a Miss Pick, a graduate of Mount Sinai Hospital, of New York.

Excluding a couple or more years in the Army Nurse Corps I have been actively engaged in the practice of my profession since 1889 and associated with a firm of physicians and surgeons who are well known, Drs. R. B. and J. M. Maury. I am, therefore, in a position to know something about conditions in this section of the country, and I am grieved to think that I have missed that harvest Miss Bushey alludes

to, which is ready to be gathered. I receive many visits from strange nurses from all over the country, especially in the fall and spring, and extend to each worthy nurse a hearty welcome. While I keep on my desk a register for these nurses, they will testify to my misfortune in missing this harvest for them, and I will gladly answer any nurse who wishes to investigate.

An institution in the south consisting of twenty-five or thirty beds is considered a fair sized hospital and I advocate an organized training school in connection, for I know some of our best and most successful nurses are graduates from such schools, but I am opposed to every cross-road attempting to run a training school where even the head nurse occupies the position in name only. They call these wonderful places private hospitals, and the wonderful cutting, surgery; but the most wonderful of all are the two or three pupils whom they call the training school, Heaven forbid such conditions.

We have about the same difficulty in securing competent nurses for institutions of standing as in the east or west. When the institution can pay the price, it gets what it wants.

There is one remedy I trust Jackson, Vicksburg, Meridian, Greenville and Natchez, Mississippi will avail themselves of, and that is to see to their school charters and that all diplomas are signed properly, not merely a certificate. Organization conditions can be remedied here if each will give a little energy and time; it is a duty our profession demands; it is a debt we owe and the woman who shirks it, is not worthy the honored name of nurse.

LENA W. WARNER,

Corresponding Secretary Graduate Nurses' Association,

No. 714 Memphis Trust Building,

Memphis, Tennessee.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 15th of the month.]

ANNOUNCEMENTS.

THE second annual meeting of the Graduate Nurses' Association of West Virginia will be held early in November in the parlors of the Hotel McLure, Wheeling, West Virginia. An interesting program is being arranged by the committee and a large attendance from all parts of the state is hoped for.

MINNESOTA STATE BOARD.

The Minnesota State Board of Examiners of Nurses will hold the first examinations at the City and County Hospital, St. Paul, Minnesota, Friday, December, 6th, 1907, at nine a. m.

Information regarding examinations and requirements for registration may be obtained by application to Helen M. Wadsworth Secretary, St. Luke's Hospital, St. Paul, Minnesota.

STATE MEETINGS.

NEW JERSEY.—A special meeting of the New Jersey State Nurses' Association was held in the free public library, Newark, N. J., to give the nurses a further opportunity of reconsidering the provisions of the amended registration bill which failed to become a law during the last session of the legislature. Owing to the nearness of the close of the official year, the discussion took the form of recommendations on sections that were considered faulty or inexpedient to be handed on to the future executive board, to be looked upon as an expression of opinion from this section of the state.

An amendment to the by-laws was presented which read: "That there shall be two regular meetings of the association, in place of one now held, and that the annual meeting shall take place in the spring to conform with the practice of the other clubs in New Jersey, and that the other shall be as heretofore the first Tuesday in December." The revision of the by-law will be brought up at the annual meeting in Orange. About fifty members were present.

PUEBLO, COL.—The Colorado State Trained Nurses' Association held its October meeting at the Minnequa Club on October 10th. The session was opened by the president, Miss Beecroft, superintendent of nurses, Minnequa Hospital, at noon. The Reverend Mr. Smith offered prayer, after which the association was welcomed to Pueblo by Mr. Marritt, who is connected with the Sociological Department of the C. F. and I. Company. Miss Davenport, superintendent of nurses, Longmont Hospital, Longmont, responded for the visiting nurses. Mrs.

Kellogg sang two selections and Dr. R. W. Corwin, chief surgeon for the C. F. and I. Company, read a paper on Nursing Ethics. Lunch was then served in the club house dining room, following which was a short afternoon session, at which a paper on Massage, written by Dr. Ida Herr, of the Boulder, Colorado, Sanitarium, was read by Miss Ham, followed by the report of the Associated Alumnae convention held last May. Miss Beecroft, who was the association's delegate at the Colorado Federation of Women's Clubs, then gave a report of the proceedings of the club's convention, which was held in Pueblo during the first part of October. Those who cared for rowing were given the opportunity on Minnequa Lake, and all were conducted by Dr. Corwin through the Minnequa Hospital, which is one of the finest in the country. In the evening a reception was given at the residence of Dr. Corwin. The hospitality of Dr. Corwin and the Pueblo nurses was greatly appreciated by the visitors.

VIRGINIA.—The opening session of the seventh annual meeting of the Graduate Nurses' Association of Virginia was held in the auditorium of the Young Men's Christian Association, Staunton, Va., on October 1, at eight-thirty P.M., and the exercises were opened by prayer by the Rev. Dr. Fraser, of the Baptist Church. An address of welcome was made by Hon. W. H. Landis, Mayor of the city, and in the absence of both the president, Miss Brydon, and the honorary president, Miss Cabaniss, the treasurer, Miss Besley, of the University Hospital, Charlottesville, made a very happy response. These addresses were followed by a practical and deeply interesting paper on Tuberculosis Work by Miss Ellen LaMotte, of the District Nurse Corps of Baltimore, Md., and the report of Miss Nannie J. Minor, of the Nurses' Settlement, Richmond, Va., who is chairman of the anti-tuberculosis work for the state. These papers called forth animated discussion from citizens and physicians on the need of anti-tuberculosis work in Staunton and elsewhere in Virginia.

The business sessions were held in the hall of the Elks Lodge on Wednesday morning and afternoon, and Thursday morning, the first vice-president, Miss Ruth Robertson, presiding. Miss Anne Gulley, of the Nurses' Settlement, Richmond, read an admirable paper on District Nursing, and Miss Ruth Robertson, superintendent of St. Luke's Hospital, Richmond, gave one full of practical suggestion on The Responsibility of the Superintendent to the Pupils of Her Training School. Miss A. F. Pattee, of Mt. Vernon, N. Y., the well-known dietician and publisher, read a paper on The Importance of and Necessity for the Study of Dietetics by a Trained Nurse. The closing paper was a Plea for the Endowment Fund for the Chair of Hospital Economics in Columbia University, New York City, by Miss Cabaniss, chairman of this fund for Virginia. These papers were followed by harmonious and interesting discussions of the subjects of such vital importance to the nursing profession. The most important business transacted was the decision to increase the salary of the graduate nurse in Virginia from twenty-one dollars per week to twenty-five dollars, and to thirty dollars for contagious diseases. This resolution was passed unanimously and takes effect at once.

The officers for the following year are: Honorary president, Miss S. H. Cabaniss, Richmond; president, Miss Louise Powell, The Baldwin School, Bryn Mawr, Penna.; first vice-president, Miss Elizabeth Moreman, Lynchburg; second vice-president, Miss Daisy Moore, Staunton; third vice-president, Miss Woodward, Danville; treasurer, Miss Ruth I. Robertson, superintendent St. Luke's Hospital,

Richmond; secretary, Miss Elisabeth R. P. Cooke, Box 22, Bon Air, Va. The next annual meeting is to be held in Danville, Va., at a date to be decided later.

REGULAR MEETINGS.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association of Minneapolis held its first meeting of the new year October 9th, at the residence of Dr. Marion A. Mead, on Third Avenue A, with the president, Miss Edith P. Rommel, in the chair and fifty-two nurses present.

The hour following the business meeting was filled by Dr. J. P. Sedgwick, who gave a very interesting lecture on *The Feeding of Infants*. Records of cases cared for at Dr. Sedgwick's Infant Hospital were reviewed and practical demonstrations, given the nurses with babies brought from the hospital, made the lecture of great value.

BOULDER, COL.—The Boulder County Nurses' Association has begun the collection of books to form a nurses' library. Space has been obtained for these books in the public library, and only members of the association are entitled to use this collection.

BROOKLYN, N. Y.—The semi-annual meeting of the Graduate Nurses' Association, County of Kings, was held on October 4th, at the Kings County medical building. The second vice-president, Miss K. Fanning, presided. The corresponding secretary, Mrs. Tarbell, took the place of the secretary, Miss McCarthy. The most important matter for consideration was the report of the committee on best means of nursing among the middle classes of the city. The committee's report showed much thought and consideration in the preparation. After some discussion it was decided to lay the report over until the next meeting for consideration. The committee on nominations for officers for the coming year was chosen.

NEW HAVEN, CONN.—At a well attended meeting of the graduate nurses in this city, held October 1st, it was decided by a unanimous vote to increase the charge to twenty-five dollars per week for general practice, including typhoid, and thirty dollars for contagious cases; the above charge to include all expenses for city cases. This change will take effect November 1st.

NEW YORK, N. Y.—Graduates of the Sydenham Hospital, East 116th Street, have formed an alumna association consisting of fifteen members. Meetings are held the first Monday of each month.

NEW YORK, N. Y.—The Alumna Association of the Roosevelt Hospital Training School announces that the sum of five thousand dollars has been given by Mrs. Charles S. Cook to endow a bed at the hospital for the use of its

graduates. By the courtesy of the trustees of the hospital this when required may be one in the private patient's pavillion.

A fair will be held at the hospital on December 5th and 6th, the proceeds of which are to be used to increase the benefit fund for sick nurses. A table of hospital and nurses' supplies will be a special feature.

PITTSBURG, PA.—The regular monthly meeting of the Allegheny County Society of Graduate Nurses was held at McCreery's September 19. Miss Nannie Gallagher Barclay, social private secretary at McCreery's, addressed the society. Her subject was "Women's Clubs," of which there are two hundred in the Pennsylvania State Federation, as well as innumerable unfederated clubs in the state. She said that every woman should belong to at least one club and that whatever fad or purpose a woman may cherish she can find kindred spirits in at least one of the woman's clubs of today.

The new constitutions were distributed and all who were present became members. Since then many nurses who were unable to attend the meeting have become members also. It is hoped that there will be at least fifty chartered members by the next meeting. Final plans were discussed for the meeting of the State Nurses' Society in Pittsburg. The next meeting of the society will be deferred till the third Thursday in November owing to the convention.

The officers of the Allegheny County Society are: President, Miss Elizabeth Reid; first vice-president, Miss Williamina Duncan; second vice-president, Miss Helen Hendrickson; secretary, Miss Nora B. O'Sullivan; treasurer, Mr. William McNaughton.

MINNEAPOLIS, MINN.—The superintendents from ten of the training schools for nurses in the Twin Cities, including two members of the state board of examiners, met with Miss Erdmann, superintendent of nurses, Minneapolis City Hospital, Friday, Sept. 13th. It was the first time they had met, and two very profitable as well as enjoyable hours were spent in discussing plans for the training of the nurse the coming winter. Affiliation of schools was also considered.

It was decided to meet informally once a month at different institutions and talk over problems concerning the progress of the nursing profession. Light refreshments were served before adjournment. The next meeting will be at St. Luke's Hospital, St. Paul, with Miss Reyburn. Each is to bring an outline of both lecture and class-work as given at her school, from which a uniform course is to be the outcome. This is the first step taken towards affiliation of training schools.

MONTREAL, CANADA.—At the first annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, held in Montreal, September 11 and 12, Miss Snively was reelected president. Miss Henderson, of the Royal Victoria Hospital, was added to the council. The society unanimously volunteered to serve as militia nurses in time of war. About twenty-one members were added. The next meeting will be held in Ottawa, in 1908.

NEWARK, N. J.—The alumna association of the Newark City Hospital held its regular business meeting on September 17. In the absence of the president, Miss O'Hara presided. Eleven members were present, and four new members were received. The report of the visiting committee showed that all members who had been ill had been visited and flowers had been sent them. The graduate nurses' club gave the alumnae the privilege of using the parlors for whist or afternoon tea at any time during the winter.

PATERSON, N. J.—The regular meeting of the alumna association of the Paterson General Hospital was held on October 1, with a good attendance. An interesting business meeting was followed by a social hour.

TOLEDO, OHIO.—The Toledo Graduate Nurses' Association held its regular monthly meeting September 24, at Zenobia Hall, Miss Mapes presiding. The time was principally devoted to business and discussion. Owing to an extended absence abroad of Miss Walker, the secretary, Miss Urban, of the district nursing staff, was elected to fill the position. Miss Mapes urged all members who could possibly do so to attend the state convention at Cincinnati in October. A program for the year was voted upon and adopted. The topic for October is, "The Duty a Nurse Owes to Herself." Paper by Mrs. Carnahan.

NEWPORT, R. I.—The Newport, R. I., Hospital Alumna Association held a fair at the Hospital on September 28 for the benefit of the Registry and Sick Fund. As a result the sum of three hundred and twenty-five dollars was added to the treasury.

PERSONALS.

MISS MARY McKECHNIE, late superintendent of the Orange Memorial Hospital, will take up the work of tuberculosis nurse in the Oranges during the coming winter.

MISS L. M. FOWLER, superintendent of nurses at the City and County Hospital, Denver, resumed her duties on November 1st, after a much needed vacation of two months.

MISS I. M. BROWN, Toronto General Hospital, class of 1904, has been appointed superintendent of the Royal Jubilee Hospital, Kenora, Ontario. Miss Margaret Kerr, class of 1904, has returned to Toronto after five months' absence abroad.

MISS RUTH LENTZ, who has been the assistant superintendent at Bethesda Hospital, Zanesville, Ohio, has resigned to accept the position of night superintendent at Maywood Hospital, Sedalia, Mo. She is a graduate of York Hospital, York, Pa.

MISS THERESA ERICKSON recently addressed the girls' league of the mission church at Millbrae, California, on the subject, "Children of Many Lands." Miss

Erickson's experiences as an army nurse in China, Japan, and the Philippines gave her much interesting material for her talk.

Miss MARY BURKE, class of 1904, St. Mary's Hospital, Detroit, has accepted a position in the Northern Pacific Hospital, Tacoma, Wash. Miss Teresa Martin, of the same hospital, has just returned from a trip abroad, where she was sent by the government to accompany an immigrant patient to her native land. Miss Martin visited hospitals in Berlin, London, and Paris.

Owing to ill health Miss Nellie Rice has resigned her position as head nurse at Sunlight Sanitarium, Lincoln, Neb., and Miss Anna L. Collins has been selected to take her place. Miss Rice is a graduate of the Illinois Training School, Chicago, while Miss Collins has just completed a year and a half of service in the New York Hospital for the Ruptured and Crippled.

The following changes have been made at the University of Michigan Hospital, at Ann Arbor, Michigan: Miss May Williams, formerly night supervisor, resigned to take charge of the maternity cottage and is succeeded by Miss Minnie Mead, class of 1902. Miss Cecil Schreyer, operating room nurse, has accepted the position of assistant superintendent of the City Hospital at Jackson, Michigan. Miss Mabel Young will take her place.

Miss ANN CROWLEY, class of 1907, Mercy Hospital, Chicago, Illinois, has taken a position with the Visiting Nurse Association. Miss Myrtle Parsons has gone abroad to remain a year. Miss Zita Revelle, class of 1903, who has been superintendent of nurses at St. Joseph's Hospital, Hot Springs, Arkansas, has resigned her position on account of illness. She is succeeded by Mrs. Margaret Hutt, class of 1906. Miss Irene Kelley, class of 1904, has accepted a position as superintendent of nurses at the Palmer Memorial Hospital, Janesville, Wisconsin. Miss Glendora Blakeley and Miss Josephine Studebaker, class of 1904, have accepted positions as head nurses in the Latter Day Saints' Hospital, Salt Lake City, Utah.

Miss BEULAH SMITH, a graduate of this fall's class of the Presbyterian Hospital, Chicago, has received the appointment of superintendent of nurses at the Kankakee Insane Hospital. Miss Smith was one of the nurses who took the training in the Elgin Asylum in her senior year. Miss THEODORA TOWNSEND, class 1907, has accepted the position of assistant superintendent of nurses of the Rest Hospital, Minneapolis, starting her duties there September 15. Miss CAROLINE E. MARTIN, class of 1906, who for over a year held a head nurseship in the Presbyterian Hospital, on September 1 took charge of the Knowlton Hospital, Milwaukee, Wis. Mrs. HULDA McARTHUR, a member of this fall's class, has been offered the position of superintendent of nurses of the Elgin State Hospital. Mrs. McArthur has just completed her course of training in that institution.

BIRTHS.

A SON to Mrs. Harry Fulford, formerly Miss Louise Curry, Mercy Hospital, Chicago.

A DAUGHTER to Mrs. Arthur Kleutgen, formerly Miss Mildred King, Mercy Hospital, Chicago.

At Dauphin, Manitoba, August 16th, a son to Mrs. John McCollum, a graduate of the Toronto General Hospital.

In Evanston, Ill., a daughter to Mrs. John Wineberg, formerly Miss Helen Rhoades, class of 1906, Mercy Hospital, Chicago.

In Mexico, in August, a daughter was born to Mrs. Harvey H. Lord, formerly Miss Julia P. Barron, class of 1906, Presbyterian Hospital, Chicago.

MARRIAGES.

At Binghamton, October 9th, Miss Gertrude Sanford, class of 1904, Roosevelt Hospital, to Mr. Harry Leaver Morris.

On September 6, 1907, at New York City, Miss Meta Jaeger, a graduate of the Lebanon Hospital, to Mr. Otto Blech.

At South Amboy, New Jersey, October 5th, Miss Margaret Morris, class of 1903, Roosevelt Hospital, to Dr. Peter Irving.

On September 14th, at Chicago, Miss Frances Giffen, Mercy Hospital, Chicago, class of 1904, to Mr. Root R. Phelps.

On August 21st, at Hamilton, Canada, Miss Mary Leonore Long, Mercy Hospital, Chicago, class of 1902, to Mr. John L. Bucke.

On June 25th, at Wilmette, Illinois, Miss Catherine Kearney, Mercy Hospital, Chicago, class of 1896, to Dr. E. Prince, of Kenosha, Wisconsin.

At Detroit, Michigan, August 28th, Miss Jennie Clark, class of 1901, St. Mary's Hospital, to Mr. P. E. Graveline. They will live at 20 Milwaukee Avenue, Detroit.

On August 21st, at Omro, Wisconsin, Miss Ethel May Jaack, Mercy Hospital, Chicago, class of 1906, to Mr. John George Froescher. They will live in Hinsdale, Illinois.

On August 7th, at Ragan, Nebraska, Miss Sara Stella Stanwix, Toronto General Hospital, class of 1898, to Mr. Elliott Lowe. They will live in Lincoln, Nebraska.

On September 10th, at Clifton, N. J., Miss Jean H. Cochrane, Paterson General Hospital, class of 1900, to Mr. James Lyle Cochrane. They will live in Philadelphia.

On September 17th, at Brooklyn, New York, Miss Adah May Le Flamme, Long Island College Hospital, class of 1896, to Mr. John P. Gormley. They will live in Mauriceburg, Canada.

On September 9th, at Chicago, Illinois, Miss Tommie Etta Stokes, assistant superintendent of nurses at Provident Hospital, to Rev. James B. Beckham. They will live in Spokane, Washington.

At Kijabe, British East Africa, August 7th, Miss Anna Marie Schneider, class of 1896, Philadelphia Hospital, to Mr. Emil Sywulka. They will make their home at the new mission station at Matara.

OBITUARY.

At Schenectady, New York, in August, of pneumonia, Miss Ethel Orr Shepard, class of 1900, Roosevelt Hospital.

Miss LUCRETIA JOHNS, a graduate of the Nichols Memorial Hospital Training School, Battle Creek, Michigan, class of 1906, died at the home of Mrs. H. H. Mantech on September 23rd. Miss Johns was a faithful worker and her death is greatly regretted by her associates of the alumnae association.

Miss ANNA CRAVEN, class of 1902, Bellevue Training School, died on July 31st at North Danville, Vermont, of tuberculosis. Miss Craven was a most faithful and conscientious worker and had many warm friends in Springfield, Massachusetts, her field of labor as a private nurse for five years.

TRAINING-SCHOOL NOTES



HOPE HOSPITAL, Ft. Wayne, Indiana, is building a new nurses' home, which is greatly needed.

DURING the past year the Graduate Nurses' Association of Dayton, Ohio, and vicinity has established at the Miami Valley Hospital a new graduate nurses' directory.

THE teaching staff of Mercy Hospital, Chicago, has introduced stereopticon views as a means of illustrating the lectures to the pupil nurses on bacteriology, anatomy, etc., and finds that they clear up many difficult points.

THE Indiana State Soldiers' Home Hospital Training School for Nurses has affiliated with the Door of Hope at Indianapolis, Indiana, for the purpose of giving its nurses a course in obstetrics. It is pledged to send one member of its graduating class to serve a period of six weeks in the obstetrical hospital, and hopes to affiliate also with the Ellinor Hospital for Children, Indianapolis, by next January.

ON September 25, a class of four graduated from the Waterbury Hospital Training School, Waterbury, Conn.; Miss Alice Y. Buzzard, Pennsylvania; Miss Elizabeth Caldwell, Ontario; Miss Jennie Heppel, and Miss Mary Florian, Connecticut. An address was given by Rev. C. A. Dinsmore, D. D., on "The Beauty of Service," especially that of the physician and nurse; and by Dr. Nelson A. Pomeroy on the opportunities of the trained nurse and the need of a genuine love of the work.

THE graduation exercises of the St. Mark's Hospital Training School for Nurses, New York City, were held on October 1st. Dr. C. A. Ramdohr made introductory remarks and addresses were given by Dr. Karl Beck, president of the hospital, on "The Training and Duty of the Nurse," and by Dr. I. M. Rottenberg, secretary of the medical board, on "The Adaptation of Women for the Profession of Nurse." Mr. Maximilian M. Ruttenau, chairman of the executive committee, administered the Hippocratic oath and distributed the diplomas, badges, and one hundred dollars each to the following graduates: Leila E. Mason, Juliet F. VanValen, Elizabeth Goyette, Katharine F. Healey, Katherine Sausy, and Margaret C. O'Conner.

THE first commencement exercises of the Alliance Hospital Training School for Nurses, Alliance, Ohio, were held in the First Presbyterian Church on the

evening of September 25th. The class of five has graduated from a three years' course. Those who have the honor of belonging to the first class are: Mary Augustine, Waldo, Ohio; Ida Donnenwirth, Canal Fulton, Ohio; Mrs. Anna Johnson, Philadelphia; Susan Miller, Greencastle, Pennsylvania; and Anna Stump, Clinton, Ohio. Addresses were given by Rev. Dr. Stahl on "The Sphere and Opportunity of a Christian Nurse;" by Dr. G. B. Haggart on "The Ideal Nurse," and by Rev. Thomas Reisch on the hospital motto, "Not to be Ministered unto, but to Minister." The diplomas were presented by Dr. J. H. Tressel, president of the board of directors.

THE thirty-second annual commencement of the New York City Training School for Nurses was held at the nurses' home on Blackwell's Island, October 19. Addresses were made by Dr. Francis J. Quinlan, Rev. J. Ross Stevenson, D. D., and the Rt. Rev. M. J. Lavelle. A reception followed the exercises.

The graduates were: Sarah M. Stokes, Annie J. MacLeod, Marion Hampson, Amy Beers, Ethel S. Williamson, Ellen J. Lynch, Mabelle E. Harper, Winifred F. Meehan, Gertrude M. Henninger, M. Elizabeth Deuel, Gertrude M. O'Leary, Margaret L. Pritchard, C. Rhoda Robertson, Eva C. Humphrey, Fannie H. Bowers, Jessie E. Williamson, Beatrice Short, Edith Bengier, Sophia L. Carr, Myrtle Eddy, Caroline F. Laick, Carrie L. Westfall, Ardella V. Charland, E. Margaret Duff, S. Martha Tyacke, M. Annette Yeager, Catherine M. Lloyd, Josephine V. Hayes, Katherine Murphy, Sarah J. Garstang, Annie A. Matheson, Ethel E. Ross, Katherine Fitzpatrick.

WITH the operating amphitheatre prettily decorated with flowers, the commencement exercises of the Mercy Hospital Training School for Nurses, Pittsburgh, Pa., was held there September 17. The five graduates were Misses Mary E. King, of Sewickley; Ella McCaffrey, of Braddock; Mary M. Schuler, of McKees Rocks; Catherina Henry, of Titusville; and Annabel Cunningham, of Huntingdon, each receiving a diploma and a medal.

The exercises opened with an address by Father Miles Sweeney, pastor of St. James' Catholic Church, Sewickley, who said many pleasant things and paid a glowing tribute to the art of nursing. The address to the class was made by Dr. I. J. Moyer, president of the hospital staff, who gave them many kind suggestions and strongly impressed them that they must belong to all associations connected with their profession, advised them to be true to their training school, true to their alumni, to join the county society, the state association and, if there were any others, to belong to them. Lastly, but not the least, to be progressive and up to date, they must take that splendid magazine, *THE AMERICAN JOURNAL OF NURSING*.

The diplomas were presented by Dr. E. A. Weiss in the absence of Dr. X. O. Werder, examiner, who congratulated Sister M. Etheldreda, superintendent of nurses, on the excellent training given the class.

Miss Ida Giles, Pittsburg chairman of the association of nurses, talked to the graduates and nurses on State Registration.

Congressman James Francis Burke closed the exercises with a splendid tribute to women who devote their lives to caring for the sick and injured.

PRACTICAL SUGGESTIONS



[THE items which appeared under this heading in the October JOURNAL might aptly have been entitled Unpractical Jumble.

It is customary to send to the publishing office each month with the JOURNAL copy, a number of short items to be used for filling spaces in the pages which occur between articles and which would otherwise be blank. These "fillers" were mixed with the Practical Suggestions by the printer and the amateur assistant editor, who was managing alone during the editor's absence on a much needed vacation, did not discover the error until it was too late to remedy it. It may be that the JOURNAL readers found entertainment in selecting from the medley the items which were intended as suggestions.]

I SAW in Practical Points some nurse recommending Bon Ami for polishing instruments. It is far ahead of most scouring soaps for taking stains off the hands and will be hailed with delight by all operating room nurses.

I. McL.

IN cleaning false teeth, put a folded towel or other clean soft cloth in the basin to protect from breaking in case they slip from the hands.

J. B.

IF nurses would send any little points they have learned which will help sleepless ones to sleep, either overtired nurses or nervous patients—nurses must never be nervous—it would be nice. My own are very poverty stricken but here they are. Sponge the spine with *very* hot water for ten or fifteen minutes or use two towels wringing them from the hot water alternately and applying to whole length of spine. A drink of hot milk containing salt and pepper, red pepper if feasible, either at bed time or when the patient awakens. For nurses it is sometimes helpful to have the head of the bed at the open window with the shade well up so the sky is visible—that's my personal one and even if I don't sleep it is very restful.

There is no one thing which all nurses have to deal with so constantly as sleeplessness either with patients or themselves. A hot water bag to hug helps some people with a goneness in the pit of the stomach and for those with aching heads either a water or ice bag containing very cold water may be placed at the back of the neck.

[An article on Sleep by Dr. Bridge, of Los Angeles, will shortly appear in the JOURNAL.—Ed.]

IN regard to the use of old newspapers, we have found them of great value in dressing surgical cases in the private rooms of our hospital by taking four thicknesses to hold the soiled dressings instead of a basin, also to line wire scrap baskets into which soiled linen is thrown. Still another of their uses is for large delivery pads of twenty thicknesses, covered with muslin and sterilized.

S. W.

IN answer to the question about an inexpensive elevator,—I have seen one,—the simplest arrangement—which cost about one hundred and seventy-five dollars, I think. It is weighted to suit the weight of the person who is to use it and is pulled up by a rope something like a dumb-waiter. I believe they are made to suit the space one has to give up to it, this one was 2 ft. 11 in. x 2 ft. 3 in. and the elevator space was 3 ft. 4 in. x 2 ft. 6 in.

M. D. B.

SOME one inquired in the September JOURNAL for something for use in burning waste dressings, etc. I know of an incinerator which is intended for burning the waste matter from a toilet room, instead of using an earth closet, in country places. I should think this would do equally well for dressings. I can give the address of the manufacturer to any one wishing it.

M. D. B.

MORE uses of old stocking legs have been suggested by the comment in the October JOURNAL. They can be used for polishing shoes, for cleaning a stove, as a substitute for rags in wiping the wicks of an oil stove; they can be basted together for stove holders or iron holders, and are excellent for use about machinery or a bicycle.

HOME-MADE GRAPE JUICE.

To each quart of Concord grapes—which should be stemmed and washed, of course—add one quart of water. Simmer two hours, and strain through any suitable cloth.

To every quart of strained juice add one cup of sugar. Boil five minutes, bottle, and seal.

K. F. D.

A device for a bed bath is to have a frame made the width and length of a single bed. Place the patient on a rubber sheet longer than the bed, with a rubber ring under the hips and another under the head.

Elevate the head of the bed slightly and place the frame on the bed. Attach the rubber sheet to hooks along the sides and ends of the frame and fill the space with water. The patient may be kept in a continuous bath for one or two hours, regulating the temperature etc. according to necessity. At the close of the bath let down the rubber at the foot of the frame to drain off the water, then unhook the sheet and take off the frame, when the patient may be cared for as after a sponge bath.

L. M. B.



BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

PRIMARY NURSING TECHNIQUE. By Isabel McIsaac, Late Superintendent Illinois Training School For Nurses, Chicago. The Mac-Millan Company, London and New York.

Development is a process which admits of no periods of inaction. Arrested development never means a standing still. It is always accompanied by retrogression. The nursing profession furnishes us with a striking example of this truth. For twenty or thirty years after what has been called "renaissance of the nineteenth century" the main object of the training school for nurses was to supply the demand for trained attendants for the sick in their homes. This training was acquired in the hospital wards where the pupil nurses paid in hard service for the experience gained, and the teaching of the technique of nursing depended largely on the leisure time which the head nurse was able to abstract from her manifold duties; the theory of nursing came from lectures often condensed bewilderingly and as a rule delivered from the standpoint of the relation of the subject to the practice of medicine, surgery, obstetrics, etc. Then came the days when nursing became so popular that an applicant expected to wait a year or more for her appointment to enter the training school on probation, and hospitals of every character and dimension opened training schools, or in some instances allowed young women to do the work of the hospital for the privilege of a diploma attesting to a training they never had.

Then came a period of unrest—nurses themselves were their own critics—and the regenerative movement began in the formation of the various societies—state and national—the Superintendents' Society, the Nurses' Associated Alumnae, etc., the various objects of which may be briefly stated:—the creating and maintaining proper standards for the nursing profession. There is no need to dwell on the far-reaching and effectual effort which has emanated from these societies—one branch of this energy, however, becomes our present consideration.

The preparatory course of training for the probationer has become a rule in schools maintaining the highest standards, and with this, there

has come a demand for suitable text books. The present volume is the first of a series especially designed to meet the needs of the preliminary course. If the old saw "Well begun is half done" be true, then the author of the remaining numbers in the series is to be congratulated. The initial number is as the title indicates concerned with the technique of primary nursing. Formerly the method was to put the green probationer behind a screen with a patient, more or less suffering, and there leave them to worry out the problem; the preliminary course provides a means, in the clinical demonstration, for the pupil probationer to acquire a certain amount of technique before she comes at all in contact with a patient too weak and ill to protect herself from the zealous pupil's efforts at ministration. The pupil has had opportunity to have her sharp corners well rubbed down, if her subjects for demonstration are her fellow probationers who will criticise freely and resent volubly, before she touches a *bona fide* patient. The book opens with an outline for ten clinical demonstrations for the instruction of the junior nurse—each two hours long and to serve as a review of work already taught. These demonstrations follow the plan adhered to throughout the book of regarding the subject as "taught in relation to nursing and not to medical practice." The pupil has certain duties to perform for the patient—these duties involve the need for cleanliness and comfort—heat, air, food, medicine, etc., all of which the pupil nurse is required to know how to arrange for. The classification of nursing is not touched upon—but the author suggests that all training both theoretical and practical begin with medical nursing, the other branches following in order, viz.: Surgical, Operating room, Gynecological, Contagious, Children, Obstetrical. Thus the teaching of primary nursing technique in the present volume is confined to medical nursing, including the usual ward duties, serving of food, etc. Let no one infer, however, that the subject is narrow or the matter limited. One remembers that medical nursing includes all that is interesting in baths, sponging, packs, tube, hot air, steam; or again the fomentations, poultices, ice-bags, cuppings, ice-coils; the gastric lavage, and gastric gavage; hypodermoclysis, transfusion, etc. Add to these the curious and interesting variations in temperature, pulse and respiration to be noted in medical nursing; the phenomena of the interchange of functions, as the skin and the bowels taking the stress of work off the kidneys when the latter are disabled, or the intestines maintaining the nourishment of the body when the stomach is out of commission, take into consideration all these and many more interesting phases of medical nursing and add to them the fact that Miss McIsaac brings to bear upon them her long experience and her

habit of intelligent observation and clear and accurate expression, and you have some idea of what the book becomes under her treatment. There is a suggestion of something humane, something kindly and sympathetic, infused into the extremely business-like lesson book, calculated to give the pupil a confident expectation of finding an occasional blossom at least in the wilderness, arid though it be, for the most part. This infusion of a benign influence is probably due to the insistence of the author that the primary object of nursing is to serve and help the sick. The sentimental side of the question is not touched upon, however; indeed one might say that ethics have supplanted sentiment.

It is rather a pleasant picture, on the whole, of a nurse's duties, the safe precinct of the hospital ward, the watchful eye of a superior officer who decides all vexing problems, the dependent patients to whom the junior is so important a personage, the daily and hourly wooing of those shy spirits—Order, System, Theory and Practice—who are to be conquered and made the faithful servants of the would-be nurse. There is every encouragement too to the would-be probationer—that with effort and purpose she can attain to the goal, even though she lacks graces or the higher education that some of her fellows start with. There is indeed no royal road to learning to be a nurse according to Miss McIsaac, but there is a very good pike whereon many find it no great difficulty to travel to their journey's end.

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CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE
MONTH ENDING OCTOBER 16, 1907.

ANDERBURG, VIRGINIA C., graduate of the Presbyterian Hospital, New York City, 1907; appointed and assigned to duty at General Hospital, Presidio of San Francisco, California.

BECHTLE, CARRIE, graduate of Christ's Hospital, Cincinnati, Ohio, 1896; reappointed and assigned to duty at General Hospital, Presidio of San Francisco.

CHAMBERS, ELIZABETH F. M., formerly on duty at Division Hospital, Manila, P. I., discharged in Manila.

DENAHY, MARIE, transferred from Ft. William McKinley to Division Hospital, Manila, P. I., to await sailing of first available transport for transfer to United States.

DUNCAN, ADELAIDE, transferred from Division Hospital, Manila, to Zamboanga, P. I., for duty.

EDWARDS, ELIZABETH F., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

FISHER, IZA, transferred from the Division Hospital, Manila, to Fort William McKinley, P. I.

GEE, MABEL D., transferred from General Hospital, Presidio of San Francisco, to the Philippines Division. Under orders to sail November 5th.

HEFFERNAN, JOSEPHINE R., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila, P. I.

JAMES, AGNES F., transferred from Division Hospital, Manila, P. I., to the General Hospital, Presidio of San Francisco, for duty.

KNIGHT, DELLA V., formerly on duty at the General Hospital, San Francisco, discharged.

LASON, ELEANOR, formerly on duty at Division Hospital, Manila, P. I., transferred to San Francisco and discharged.

MCCARTHY, KATHERINE A., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MITCHELL, BERTHA, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MORRIS, HANNAH P., transferred from the General Hospital, Presidio of San Francisco, to the Philippines Division. Under orders to sail November 5th.

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